

Borough of Cliffside Park Emergency Medical Services Department
525 Palisade Avenue
Cliffside Park, NJ 0701
(201) 313-2064

Employment Application

The Borough of Cliffside Park EMS Department is an Equal Opportunity Employer Operating under the New Jersey Department of Personnel and an Established Affirmative Action Program. All applicants are considered for positions without regard to race, creed, color, religion, sex, sexual orientation, national origin, age, qualified disability or handicap, or veteran status.

Please follow these instructions when completing this application:

1. Please print legibly in ink.
2. This application must be fully completed. A resume may be included; however, it will not substitute for the application or any section within this application. Any incomplete applications will not be considered.
3. Photocopies of the following documents must be included with this application. Failure to include the minimum documents will automatically reject your application.
 - a. EMT-B / NREMT-B Certification
 - b. Valid CPR Certification
 - c. Valid Driver's License
 - d. 5 Year Driver Abstract
 - e. Incident Command Certification 100 (ICS-100)
 - f. Incident Command Certification 200 (ICS-200)
 - g. National Incident Management 700 (NIMS-700)
 - h. National Incident Management 800 (NIMS-800)
 - i. Weapons of Mass Destruction Awareness (WMD/CBRNE-Awareness)
 - j. Haz-Mat Awareness
 - k. Developmental Disabilities Awareness



Administration Use Only

Application Received: _____	Reference Check: _____
All Attachments Included: _____	Hire Date: _____
Applicant Contacted: _____	Pay Rate: _____
Applicant Interviewed: _____	Start Date: _____
By Whom: _____	



Acknowledgment

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Department in any way. Applications will remain active for six months, after which time re-application will be necessary. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical and psychological examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Department as a condition of my employment, and I hereby give my consent to the release of all information which the Department deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time may result in immediate discharge from this Department.

I hereby authorize the Department to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the Department and all informants from all liability resulting from such inquiries.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program or EMT related service. I further understand that if it is determined that I was so excluded; my employment with the Department may be terminated.

Applicants Signature

Date

Printed Name





Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Position Applied for: _____

Have you ever been educated or worked under a different name? YES NO

(If "Yes", specify the other name and what job or educational institution it was used.) _____

- Have you reviewed the job duties for the job you have applied for? YES NO
- Are you able to perform the essential duties for the job you have applied for, with or without an accommodation? YES NO

If you answered "Yes" to the above question please explain:

- Do you are any member of your immediate family, own or have any interest in any business or organization that deal with, is regulated by, or is otherwise affected by the official governmental operations of the Borough of Cliffside Park? YES NO
- Are you involved in any organizations or circumstances that may present possible conflicts of interest, should you be employed by the Borough of Cliffside Park? YES NO

If you answered "Yes" to the above question please explain:

- Can you work any Assigned Shift? YES NO
- Can you work? Overtime Nights Weekends Holidays

Please explain your availability:

Borough of Cliffside Park Emergency Medical Services Department



Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for the Borough of Cliffside Park? YES NO If yes, when? _____

Are you Over 18 Years old? (If you are under 18, you must submit working papers if you are offered employment) YES NO Have you ever been convicted of a felony? _____

If yes, explain: _____

Education

High School: _____ Address: _____ From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____ From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____ From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references unrelated to you whom we may contact for information concerning your qualifications

Full Name: _____ Relationship: _____ Company: _____ Phone: _____ Address: _____

Full Name: _____ Relationship: _____ Company: _____ Phone: _____ Address: _____

Full Name: _____ Relationship: _____ Company: _____ Phone: _____ Address: _____

Borough of Cliffside Park Emergency Medical Services Department



Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary/hr:\$ _____ Ending Salary/hr:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary/hr:\$ _____ Ending Salary/hr:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary/hr:\$ _____ Ending Salary/hr:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Borough of Cliffside Park Emergency Medical Services Department



Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Certifications / EMS Experience

EMT or NREMT (Circle One) Cert #: _____ Exp. Date: _____

Initial Certification Date: _____

Current Re/Certification Date: _____

Certification Level: _____

CPR Expiration Date: _____

Total amount of time working in a 911 based agency (months/years): _____

Total amount of time Volunteering in a 911 based agency (months/years): _____

Total amount of time working in a medical transport based agency (months/years): _____

1. **CEVO:** Yes or No

2. **Incident Command 100:** Yes or No

3. **Incident Command 200:** Yes or No

4. **NIMS 700:** Yes or No

5. **NIMS 800:** Yes or No

6. **Hazmat Awareness:** Yes or No

7. **Weapons of Mass Destruction / CBRNE Awareness:** Yes or No

8. **Developmental Disabilities:** Yes or No

Background Data: Completion of this part is voluntary and is to be used only for statistical purposes in conformance with the Borough's Affirmative Action Program.

Date of Birth: _____ Sex: Male Female

Check the group you are a member of: African American Hispanic Caucasian Native American Asian Other, Specify: _____

Any other certifications please list in the space provided on the following page



Specific EMS Background

Legal Issues

Have you ever been convicted of a crime, including a disorderly person's offense, which has not been expunged by Court? (If "Yes", list the details of each conviction by date, place, and disposition. A conviction will not necessarily preclude you from employment unless the conviction(s) related adversely to the employment sought, but will not preclude denial of employment for job-related reasons.

Please Note that as a condition of employment a criminal history background will be made, pursuant to law, to determine your qualification(s) for Employment.)

Have you ever had a judgment against you in a medical malpractice suit?

Has your EMT certification ever been suspended or revoked?

Have you ever been named as a defendant in a civil lawsuit in your capacity as an EMT or other health care professional?

Have you ever driven an emergency vehicle? If so, what type and for how long?

Do you currently have an EMT certification in any other state? If so please provide the EMT Level, Certification Number, and Expiration Date.

Borough of Cliffside Park Emergency Medical Services Department



Supplemental Driving Application

Name: _____ Date of Birth: _____

- 1. a) Do you hold a valid driver's license? YES NO
- b) License No. _____
State: _____ Expiration Date: _____
- c) If you answered no to 1(a), what date will you obtain your license? _____

-
- 2. a) Do you have a CDL license? YES NO
 - b) License No. _____
State: _____ Expiration Date: _____

-
- 3. a) Have you held a license in any other state in the past five (5) years from the date of this application?
YES NO
 - b) If so, please explain:

(Note: If you have held a driver's license from any other state in the past five(5) years, **IT IS YOUR RESPONSIBILITY** to provide our office with a copy of your driving record from that state. You must do this within a two week period after the closing date for acceptance of applications for the position)

-
- 4. Have you had a conviction for driving while intoxicated within the past five years from the date of this application? YES NO

-
- 5. Do you presently have any traffic violations pending? YES NO

-
- 6. Have you ever been denied a license, permit, or privilege to operate a motor vehicle in New Jersey or any other state? YES NO

-
- 7. a) Has your license been revoked, suspended, or canceled in the past five (5) years from the date of this application? YES NO
 - b) If so, please explain:

-
- 8. a) Do you presently have any points? YES NO
 - b) If so, please explain, be sure to specify the number and date of occurrence(s):

Borough of Cliffside Park Emergency Medical Services Department



9. a) Do you presently hold more than one valid driver's license? YES NO
- c) If so, please explain:

10. a) Have you ever been disqualified as a driver under the Federal Motor Vehicle Carrier Safety Standards?
 YES NO

- d) If so, please explain:

(In accordance with the Commercial Motor Vehicle Safety Act of 1986, a driver is not allowed to operate a commercial motor vehicle if he/she holds more than one license; or his/her license has been revoked, suspended, or cancelled; or if he/she has been disqualified as a driver under the Federal Motor Vehicle Carrier Safety Standards.)

11. a) In accordance with the Commercial Motor Vehicle Safety Act of 1986, you are required to list any experience you have had as a commercial vehicle driver within the past ten (10) years from the date of this application. Have you included this information on your application form?? YES NO

- e) If answered no, please explain:

(In accordance with the Commercial Motor Vehicle Safety Act of 1986, a driver is not allowed to operate a commercial motor vehicle if he/she holds more than one license; or his/her license has been revoked, suspended, or cancelled; or if he/she has been disqualified as a driver under the Federal Motor Vehicle Carrier Safety Standards.)

Applicants Authorization

I, _____ (Print Your Name) authorize the Borough of Cliffside Park to run an MVR Report.

Signature: _____ Date: _____

Applicant's Certification

I, _____ (Print Your Name) hereby certify that, to the best of my knowledge and belief the answers to the questions I have given on this supplemental driving application and the facts that I have supplied are true and complete. I am aware that if I have given false, misleading or incomplete answers or facts in this application, my application will be rejected and the, if I am Employed, any such falsification, misleading or incomplete answers or facts supplied herein shall be a basis for termination of my employment.

Signature: _____ Date: _____