



Have you ever been convicted of a Felony?  Yes  No

Have you ever had your license, permit, or privileges to operate a motor vehicle denied, suspended, or revoked?  Yes  No

If yes, Give details and dates:

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Have you had any traffic convictions within the last 5 years? (Other than parking)  Yes  No

If yes, please explain: \_\_\_\_\_

Have you had any vehicle accidents within the last 5 years? (including at-fault and Not at-fault)  Yes  No

## EDUCATION

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High School	College	Other
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Level Completed 9 10 11 12	1 2 3 4	1 2 3 4
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Diploma/Degree

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Course of Study

### **PREVIOUS WORK HISTORY:** Start with your current or last employer

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Employer	Dates Employed
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Telephone Numbers:	Address:
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Job Title:	Supervisor(s):
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Reason for Leaving:

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Work Performed:

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Employer: \_\_\_\_\_ Dates Employed \_\_\_\_\_

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Telephone Numbers: \_\_\_\_\_ Address: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Supervisor(s): \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Work Performed: \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates Employed \_\_\_\_\_

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Telephone Numbers: \_\_\_\_\_ Address: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Supervisor(s): \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Work Performed: \_\_\_\_\_

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**References:**

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1. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Phone Number)

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(Address)

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2. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Phone Number)

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(Address)

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3. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name) (Phone Number)

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(Address)

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**\* Hollidaysburg American Legion Ambulance Service, Inc. considers all applicants for all positions, in accordance with Title VII of the Civil Rights Act of 1964, as amended, and the American With Disabilities Act of 1990, and the Age Discrimination in Employment Act of 1967, as amended, which prohibits discrimination in the recruitment, selection, and hiring of employees. HALAS is an equal opportunity employer.**

## CERTIFICATIONS/ LICENSES:

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R.N./Health Professional \_\_\_\_\_ Paramedic \_\_\_\_\_ Emergency Medical Tech \_\_\_\_\_  
1<sup>st</sup> Responder \_\_\_\_\_

Certification Number(s): \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a PA drivers license: \_\_\_\_\_ Yes \_\_\_\_\_ No Expiration Date: \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Paramedics/Health Professionals: Are you eligible for medical command: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever had limitations or restrictions applied  
To your Medical Command Status: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have: \_\_\_\_\_ E.V.O.C. \_\_\_\_\_ PHTLS/BTLS \_\_\_\_\_ P.A.L.S. \_\_\_\_\_ A.C.L.S.  
\_\_\_\_\_ C.P.R. \_\_\_\_\_ Any instructor certifications (list): \_\_\_\_\_  
\_\_\_\_\_ C.C.E.M.T.P. \_\_\_\_\_ National Registry

List any additional certifications that are job related or might aid in our decision to hire you.  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*\*Note: Copies of certificates must accompany application with expiration dates visible. Copy of Valid PA Driver's license must be provided with certificates.** Applications will be considered **VOID** if only application is submitted to management, UNLESS a prior arrangement was made.

I certify that the answers given are true and complete to the best of my knowledge. I hereby release the management and/or designee of HALAS Inc. from any and all liability regarding inquiries made in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview may result in my immediate discharge from employment. I also understand that I am required to abide by all rules, regulations, and Standard Operating Procedures of HALAS Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_