
BRENTWOOD E.M.S.
3624 BROWNSVILLE ROAD
PITTSBURGH, PA 15227
412-884-8740

Date:

Dear Interested Person ,

Thank you for your interest in Brentwood Emergency Medical Service. Enclosed is a copy of the application form and the Pennsylvania State Police Request for Criminal Record Check. Please complete the application and return it to me at the EMS. Please be careful to complete it thoroughly and attach copies of all your certifications and driver's license. Also please assure that your references are professional in nature and that you provide their complete address and phone number. Attached also is a copy of the Pennsylvania State Police Request for Criminal Record Check. It is your responsibility to complete this form as directed and when you receive the results to forward the form to me at the EMS. Final acceptance to Brentwood EMS will be pending the receipt of this form. It takes approximately 2-3 weeks to receive the form. Upon receipt of the application you will be contacted to set up an interview with the interview committee. If you have any questions please feel free to contact myself or John Balkovec the Operations Supervisor at the EMS. Thank you again for your interest in Brentwood EMS.

Sincerely,

Joanne M. Cook, EMT-P, MS
Director



Brentwood Emergency Medical Services, Inc.

- Full Time Staff
- Part Time Staff
- Volunteer Member
- Associate Member

Application for Membership

Brentwood Emergency Medical Services considers all applicants for all positions, in accordance with Title VII of the Civil Rights Act of 1964, as amended, and the Americans With Disabilities Act of 1990, and the Age Discrimination in Employment Act of 1967, which prohibits discrimination in the recruitment, selection, and hiring of employees.

(Please Print or Type)

Position(s) Applied for		Date of Application	Social Security Number
Last Name	First Name		Middle Name
Address	City	State	Zip
Telephone Number(s) Day () - Eve () -		Paging Network: Pager: () -	
Email Address:			

Education

School Name and Location	High School	Undergraduate College/ University	Graduate
Level Completed	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree			
Course of Study			

Primary EMS Education

EMT/Paramedic School	Paramedic Cert # _____
	EMT Cert # _____

References

Give Name, address and telephone numbers of three references who are not related to you.

1. _____
2. _____
3. _____

Have you ever been convicted of any crime within the past five years? Yes No

If yes, please explain:

Please do not respond to the following questions until you have read and/or discussed the job description of the position(s) for which you are applying.

Do you believe you would be able to perform the essential functions of the job for which you are applying?

Yes No

If no, please explain: _____

Are there any accommodations that you believe can reasonably be made which would permit you to perform the essential functions of the job(s) for which you are applying? Yes No

If yes, please explain: _____

Paramedic Reference

Please List Medical Command Facilities, Coordinator, and Coordinator phone number

Have you ever been denied Medical Command? Yes No

Have your Medical Command Orders ever been suspended? Yes No

How many concurrent years have you had Medical Command? _____

If you answered yes to the either of the above 2 questions, please explain.

Certifications (At the time of application submission, provide a photo copy for all that are checked.)

Paramedic Drivers License PALS EVOC

EMT CPR TLS OTHER _____

First Responder ACLS BVR OTHER _____

Employment Experience

Start with your present or last employer. Include any job-related military service assignments and volunteer activities.

Employer	Dates Employed	Work Performed
Address	From: To:	
Telephone Number(s)	Salary/hourly at time of leaving	
Supervisor		
Reason for Leaving		

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Medical History

Have you ever had:

- Diabetes Yes No
- Seizures Yes No
- Heart Disease Yes No
- Mental Disorders Yes No
- Stroke Yes No
- Back Problems Yes No
- Drug and/or Alcohol Addiction Yes No

Any physical disorders or impairments that may interfere with you performing your job? Yes No

If you answered yes to the either of the above questions, please explain.

Any physical condition will require a written physician's release.

Driver's Information

Please complete the following information as it appears on your driver's license.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Driver's License Number: _____ State: _____ Expiration: _____

What Class License? (Standard class is 1 or C): _____

Do you have any restrictions on your license? Yes No

If YES, indicate which restrictions: (Circle) **B C D E G H I J K L M N O S X**

The following questions are in direct relationship to the operation of an emergency vehicle, as required under the rules and regulations of Act 45 of 1985, Title 28: Health and Safety.

Have you ever completed a PA Emergency Vehicle Operators Course (EVOC)?

Yes No

If **YES** give date: _____

Have you ever been convicted within the past 4 years of driving under the influence of alcohol or drugs?

Yes No

If **YES** give date: _____

Have you been convicted of reckless driving within the past 2 years?

Yes No

If **YES** give date: _____

Have you ever had your driver's license suspended under the point system?

Yes No

If **YES** give date: _____

I attest that the information provided above is true to the best of my knowledge. I am aware that my driving record may be checked at any time during my tour at Brentwood Emergency Medical Services. I agree to inform the administration of Brentwood Emergency Medical Services of any moving violations or suspensions during the time I operate an emergency vehicle with the service.

Signature of Applicant: _____

Date: _____

Criminal History Record

In accordance with ACT 45 of Pennsylvania, and Brentwood Emergency Medical Service's Operating Procedures, please answer the following:

Have you ever been arrested and/or convicted or a Misdemeanor or Felony
(A conviction offense is not a bar from membership, Each case is considered on it's merits.)

YES NO

Charges	Convicted Yes/No/Pending	Arrested Yes/No	Date(s)	Place(s)

If Yes, the applicant must provide the service with the following:

1. An original Pennsylvania State Police "Criminal Record Attachment" (Rap Sheet) (sp 4-1378).
2. A notarized copy of relevant court documents showing dates, outcome and conditions set forth

All applicants must provide a Pennsylvania State Police "Request for Criminal Record Check" to the service prior to employment. Form attached.

Have you ever been excluded or denied from participating in Medicare/Medicaid or any other Federal Health Care Program?

Yes No

If yes, please explain:

All Applicants

I hereby understand that background checks may be performed and that any false statements may lead to my disqualification from membership.

Name (Please Print) _____

Signature _____

Date: _____

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

**FOR CENTRAL REPOSITORY USE ONLY
(LEAVE BLANK)**

**PART I: TO BE COMPLETED BY REQUESTER
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)**

DATE OF REQUEST

***** TYPE OR PRINT LEGIBLY WITH INK *****

NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

WARNING: A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME			
ADDRESS			
CITY	STATE	ZIP	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

			-				-					
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REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA." THE FEE IS NONREFUNDABLE.

FEE EXEMPT NONCRIMINAL JUSTICE AGENCY

***** DO NOT SEND CASH OR PERSONAL CHECK *****

NAME/SUBJECT OF RECORD CHECK (LAST)		(FIRST)	(MIDDLE)	
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE

REASON FOR REQUEST (CHECK ONE BLOCK)

- EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING)
 ELDER CARE
 CHILD CARE
 SCHOOL DISTRICT
 ADOPTION/FOSTER CARE
 OTHER (SPECIFY)

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

- INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE—ENTIRE CRIMINAL HISTORY
(AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

REQUESTER CHECKLIST DID YOU ENTER THE FULL NAME, DOB, AND SOC? DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)? *** DO NOT SEND CASH OR PERSONAL CHECK *** DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?	AFTER COMPLETION MAIL TO PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday – Friday)
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PART II: CENTRAL REPOSITORY RESPONSE ONLY *****DO NOT WRITE BELOW THIS LINE*****

INFORMATION DISSEMINATED <input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED	INQUIRY DISSEMINATED BY _____	SID NUMBER _____
THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER. <input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE <input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME	CERTIFIED BY _____ (DIRECTOR, CENTRAL REPOSITORY)	

This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.