Bethel Community Ambulance

8170 Lancaster Avenue
Bethel, PA 19507

Phone: 717-933-8934
Email: office@bethelambulance.org

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Name DOB

Address.

How long have you been EMT/AEMT certified?

Do you work anywhere as an EMT currently? If so, where?

Are you looking for part time or full time (36 hours weekly) status?

If part time, how many hours weekly are you looking to work?

Are you available to work some weekends?

Do you prefer day or night shifts?

Do you have a high school diploma or equivalent?

What is your means of transportation to Bethel EMS.

Please list two references other than relatives or previous employers.

Have you ever been convicted of a crime. If so, please explain the nature of the offense and when it was.

Tell me a little about yourself.

Name. Signature.