



# Endeavor Emergency Squad, Inc.

19 East Union Street  
Burlington, NJ 08016  
(609) 386-8899

<http://www.endeavorsquad.org>



## APPLICATION FOR EMPLOYMENT/MEMBERSHIP

PRINT: LAST NAME			FIRST			MIDDLE		
MAILING ADDRESS:			NUMBER & STREET OR R.D. NUMBER			CITY OR TOWN		
COUNTY			STATE			ZIP CODE		
DATE OF APPLICATION			DATE RECEIVED			RECEIVED BY		

### **INSTRUCTIONS:**

#### **PLEASE READ CAREFULLY PRIOR TO FILLING OUT APPLICATION**

These Instructions are provided as a guide to assist you in properly completing your Application for Employment/Membership with the Endeavor Emergency Squad, Inc. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for Employment/Membership.

1. Avoid errors by reading each question carefully before making any entries on this form.
2. All entries, except the signature, must be printed legibly in BLOCK LETTERS.
3. All entries must be made in either blue or black ink.
4. Answer every question – leave no blank spaces – if a question does not apply to you, state so by entering N/A.
5. The candidate must personally prepare this form.
6. Be sure your information is correct.
7. Answer all questions to the best of your ability.
8. You are responsible for obtaining correct contact information and addresses. If you are unsure of any information, check it by personal verification.
9. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications will result in disqualification.
10. If space available for answering any question is insufficient, use the continuation pages included and precede each answer with the number of the question being answered.



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## **REQUIREMENTS FOR EMPLOYMENT**

Thank you for expressing an interest in the Endeavor Emergency Squad Inc. The Endeavor Emergency Squad provides Emergency Medical, Rescue and Non-Emergency Transportation Services to the City of Burlington, Burlington Township, and their surrounding communities.

### **Candidates for employment in the EMS Division must meet the following criteria:**

1. Must be at least 21 years of age;
2. Must be a High School graduate or equivalent;
3. Must possess a valid New Jersey Driver's License (must have been licensed three continuous years prior to the date of application to operate company vehicles)
4. Must possess a current professional rescuer level CPR certification or equivalent, as recognized by the New Jersey Department of Health & Senior Services – Office of Emergency Medical Services;
5. Must possess a current New Jersey Emergency Medical Technician – Basic certification or equivalent, as recognized by the New Jersey Department of Health & Senior Services – Office of Emergency Medical Services (must have been certified and actively participating in an emergency medical service for at least one continuous year prior to the date of application);
6. Must have completed a New Jersey Department of Law & Public Safety - Incident Command System I-200 course, and NIMS IS-700 course;
7. Must have completed an EVOC or CEVO or equivalent Emergency Vehicle Driver's Training Program prior to being authorized to operate company vehicles.
8. Must have completed a HazMat (or CBRNE) Awareness/Operations Course.

### **Candidates for employment in the Transportation Division must meet the following criteria:**

1. Must be at least 18 years of age;
2. Must be a High School graduate or equivalent;
3. Must possess a valid New Jersey Driver's License (must have been licensed three continuous years prior to the date of application to operate company vehicles)
4. Must possess a current professional rescuer level CPR certification or equivalent, as recognized by the New Jersey Department of Health & Senior Services – Office of Emergency Medical Services;



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5. Must possess a current New Jersey Emergency Medical Technician – Basic certification or equivalent, as recognized by the New Jersey Department of Health & Senior Services – Office of Emergency Medical Services;
6. Must have completed a New Jersey Department of Law & Public Safety - Incident Command System I-100 course, and NIMS IS-700 course;
7. Must have completed an EVOC or CEVO or equivalent Emergency Vehicle Driver's Training Program prior to being authorized to operate company vehicles.

### **Candidates will have to successfully complete:**

1. a written application;
2. an oral interview;
3. a background investigation;
4. a written examination;
5. a practical examination; and
6. a physical examination by our doctor that states the candidate is able to perform the duties of an EMT-Basic as defined in the U.S. National Highway Traffic Safety Administration's EMT-Basic, National Standard Curriculum.

### **REQUIREMENTS FOR VOLUNTEER MEMBERSHIP (EMT/RESCUE)**

1. Must be 18 years of age (16 years of age as a Cadet with parental consent)
2. Must be a High School graduate or equivalent (Cadets must maintain a "B" avg)
3. Ability to provide a minimum of 15 hours of service on a monthly basis
4. Ability to present yourself in a professional manner when representing Endeavor Emergency Squad
5. Attendance at regularly scheduled meetings and drills of the organization

### **WITHIN 6 MONTHS OF ACCEPTANCE**

1. Completion of a Professional level CPR class, issued by ARC or American Heart Association

### **WITHIN 2 YEARS OF ACCEPTANCE**

1. Completion of a NJ EMT-B or equivalent training/certification



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## PERSONAL DATA

1. What is your full name? \_\_\_\_\_  
Last Name First Name Middle Name
2. Give any other names you have used or been known by, and attach a statement, giving reasons (if none state so). \_\_\_\_\_
3. Where were you born? \_\_\_\_\_  
City/Town State Zip Code
4. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Month Day Year
5. Social Security Number: \_\_\_\_\_
6. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_
7. Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## RESIDENCE

8. Where do you now reside? \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City County State Zip Code
9. How long have you resided there? \_\_\_\_\_
10. In chronological order, state each and every place in which you have lived during the past ten years beginning with your present address. (use continuation sheet as necessary)

From		To		Address (Street, Apt, City State and Zip Code)
Month	Year	Month	Year	



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## SOCIAL STATUS

11. List names of three friends and/or associates that will serve as references:

Name		Full Address (Include Zip Code)		
Full Date of Birth	Social Security # N/A	Name of Employer	Occupation & Work Number	Phone Number

Name		Full Address (Include Zip Code)		
Full Date of Birth	Social Security # N/A	Name of Employer	Occupation & Work Number	Phone Number

Name		Full Address (Include Zip Code)		
Full Date of Birth	Social Security # N/A	Name of Employer	Occupation & Work Number	Phone Number

12. List names of members of the Endeavor Emergency Squad, who you are professionally or personally acquainted with:

Name	Address (If Known)	Social/Personal

## EDUCATION

13. List all schools and colleges you have attended:

<b>College Attended</b>			Exact Address
From Month      Year	To Month      Year	Last Grade or Term	Did you Graduate
<b>High School Attended</b>			Exact Address
From Month      Year	To Month      Year	Last Grade or Term	Did you Graduate
<b>Trade School Attended</b>			Exact Address
From Month      Year	To Month      Year	Last Grade or Term	Did you Graduate



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14. List all Emergency Service Related Courses in which you have attended. **(Attach all Certificates to this Form).**

Course Attended	Academy Attended	Academy Address
Date of Course	Organization that sponsored you	Is certificate Attached

Course Attended	Academy Attended	Academy Address
Date of Course	Organization that sponsored you	Is certificate Attached

Course Attended	Academy Attended	Academy Address
Date of Course	Organization that sponsored you	Is certificate Attached

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## MILITARY SERVICE

15. Have you ever served in an active military organization of the United States? \_\_\_\_\_
16. Give Branch of Service \_\_\_\_\_
17. Military Specialty \_\_\_\_\_ Rank Held \_\_\_\_\_
18. What type of discharge(s) or separation(s) (honorable, dishonorable, honorable conditions). Be exact. \_\_\_\_\_
19. Has your discharge or separation notice ever been corrected or changed? \_\_\_\_\_
20. What was the nature of the charge? Changed from \_\_\_\_\_ To: \_\_\_\_\_
21. Were you ever Court Marshaled, tried or charged, or were you ever subject of a summary court, deck court, Captain's mast, Company punishment, or any other disciplinary action?  
Yes or No \_\_\_\_\_ Number of Times \_\_\_\_\_  
If yes, give details of charges or disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, or the National Guard of any State?  
Yes or No \_\_\_\_\_ If yes, state which – active or inactive \_\_\_\_\_  
Branch \_\_\_\_\_ Regiment \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_





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## EMERGENCY SERVICE HISTORY

27. Have you made application for membership with any other fire company or emergency squad? Yes or No \_\_\_\_\_

Where	When	Present Status

28. Have you ever been rejected, asked to resign or removed from any other fire company or emergency squad? Yes or No \_\_\_\_\_.

Where	When	Why

29. If you are a current member or former member of any other fire company or emergency squad list contact information for your commanding officer.

Department	Commanding Officer	Address of Organization	Phone #



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## ARREST, SUMMONSES, ETC.

30. When was the last time you tried, used, or experimented with an illegal or controlled drugs? \_\_\_\_\_  
\_\_\_\_\_

31. Have you ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state, or federal agency, committee or other investigative body?

Yes or No \_\_\_\_\_. If yes, give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Have you ever been arrested for, or charged with, a violation of the disorderly persons act or City ordinance. Yes or No \_\_\_\_\_. If yes, insert information below.

Date	Violation	Location	Court Disposition	Age at the Time	Police Agency

33. Have you ever been arrested, indicted, or convicted for any violation of the criminal law? Yes or No \_\_\_\_\_. If yes, insert information below.

Date	Violation	Location	Court Disposition	Age at the Time	Police Agency

34. Have you ever had a criminal record expunged? Yes or No \_\_\_\_\_. If yes, give details  
\_\_\_\_\_  
\_\_\_\_\_

35. Have you ever been fingerprinted? Yes or No \_\_\_\_\_. If yes insert information below.

When	Address and Zip where prints were taken	Purpose



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## MOTOR VEHICLE HISTORY

36. Have you ever received a summons for violation of the Motor Vehicle Laws in this or any other state? (Exclude overtime parking violations) Yes or No \_\_\_\_\_. If yes, insert information below.

Date	Offense	Location	Court Disposition	Your age at the Time	Police Agency Concerned

37. Was your Motor Vehicle Registration, Driver's License or other vehicle license ever revoked? Yes or No \_\_\_\_\_. Suspended? Yes or No \_\_\_\_\_ Which License \_\_\_\_\_  
 When? \_\_\_\_\_ Where? \_\_\_\_\_ Why? \_\_\_\_\_

38. If answer to previous question is "Yes", was such Registration Certificate or Driver's License ever restored? Yes or No \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

39. Have you ever been involved in a motor vehicle accident either as a registered owner or operator which resulted in any personal injury or property damage? Yes or No \_\_\_\_\_  
 If yes, state details \_\_\_\_\_  
 \_\_\_\_\_

40. If you possess any of the following, complete the information below:

Item	Number	State		Date Issued	Date Expires
Motor Vehicle Registration	Plate Number		Year/Make/Model/Color		
Second Motor Vehicle Registration	Plate Number		Year/Make/Model/Color		
Motor Vehicle Driver's License	Number		Restriction Code		
Operator's License Any other Vehicle	Number		Explain		



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## OTHER INFORMATION

41. Do you have any knowledge or information in addition to that specifically called for in the preceding questions which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility and qualifications for employment / membership with the Endeavor Emergency Squad, Inc. including, but not limited to knowledge or information concerning your character, temperance, habits, employment, education, subversive activities, family, association, criminal record, traffic violations, residence or otherwise:

Yes or No \_\_\_\_\_ If yes, give details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## HEALTH INFORMATION

42. Do you have a past Medical History? Yes or No \_\_\_\_\_ If yes, state details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

43. List any Allergies. If none, state so. \_\_\_\_\_

\_\_\_\_\_

44. Are you currently taking any prescription medicines? Yes or No \_\_\_\_\_ If yes, state details \_\_\_\_\_

\_\_\_\_\_

45. What is your Blood Type? \_\_\_\_\_

46. What is your normal Blood Pressure? \_\_\_\_\_

47. What is your Resting Pulse Rate? \_\_\_\_\_

48. Have you had your Hepatitis B Vaccination? Yes or No \_\_\_\_\_ **If yes attach proof.**

49. Who is your primary Physician? \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_



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## EMERGENCY CONTACT INFORMATION

50. Name of Person to be contacted: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### AFFIRMATION

As an applicant for a position with the Endeavor Emergency Squad, Inc., I understand and agree that I must provide truthful and accurate information in this application. I understand that I may be separated from employment / membership if the Endeavor Emergency Squad later discovers that information on this form was incomplete, untrue, or inaccurate.

I give Endeavor Emergency Squad the right to investigate the information I have provided and to talk with former employers. I give Endeavor Emergency Squad the right to secure additional job-related information about me. I release the Endeavor Emergency Squad and its representatives from all liability for seeking such information.

I understand that Endeavor Emergency Squad is an Equal Opportunity Employer and does not discriminate in its hiring practices. I understand that Endeavor Emergency Squad will make reasonable accommodations as required by the Americans with Disabilities Act.

I understand that, if employed, I may resign at any time and the Endeavor Emergency Squad may terminate me at any time in accordance with established policies and procedures. No representative(s) of Endeavor Emergency Squad may make assurances to the contrary.

I understand that any offer(s) of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that I may be subject to a complete background and criminal check.

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



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## Authorization and Release

I, \_\_\_\_\_, hereby request that you release to the Endeavor Emergency Squad, Inc. any and all information that you have on file and/or record where my name appears. I also hereby release you as custodian of such information and any federal, state or local law enforcement agency; any school, college, university, or other educational institution; any hospital or repository of medical records; any credit bureau, lending institution, or consumer reporting agency from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization to release information, or any attempt to comply with this release.

I hereby authorize the Endeavor Emergency Squad, Inc. to receive and to have access to the records set forth above, and release the Endeavor Emergency Squad, Inc., its officers, employees and agents from any and all liability from damages which may result from the authorization contained herein.

I hereby authorize a photocopy of this Authorization and Release to be considered a true copy of the original of this form which will be on file with the Endeavor Emergency Squad, Inc., and to have the same effect as the original.

I am voluntarily furnishing the identifying information listed below to assist you in locating my records:

Subscribed and Sworn to

Legal Signature: \_\_\_\_\_

before me on

Full Name (print): \_\_\_\_\_

This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

Date of Birth: \_\_\_\_\_

SS #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_





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## APPLICANT INVESTIGATION DOCUMENT CHECKLIST

- **To be completed by Background Investigator.**
- **Original documents are to be turned in to be copied by Background Investigators.**

\_\_\_\_\_ **DIPLOMA, HIGH SCHOOL and/or COLLEGE TRANSCRIPT**

\_\_\_\_\_ **NEW JERSEY DRIVER'S LICENSE**

\_\_\_\_\_ **SOCIAL SECURITY CARD**

\_\_\_\_\_ **EMERGENCY MEDICAL TECHNICIAN – BASIC CARD**

\_\_\_\_\_ **PROFESSIONAL RESCUER LEVEL CPR CARD**

\_\_\_\_\_ **EVOC OR CEVO CERTIFICATION**

\_\_\_\_\_ **INCIDENT COMMAND SYSTEM I-200**

\_\_\_\_\_ **NIMS IS-700**

\_\_\_\_\_ **ANY EMERGENCY SERVICE RELATED CERTIFICATES**

\_\_\_\_\_ **LETTER(S) OF REFERENCE**