

Endeavor Emergency Squad, Inc.
1309 Rancocas Road
Burlington, NJ 08016
Office: (609) 386-8899 Fax: (609) 386-6588



Home of the Silver Fleet
In an Emergency call 9-1-1

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Please list your last four places of employment (staring with your current employer) – No PO Boxes

Dates	Business	Address	City	State	Job Title	Phone
-						
-						
-						
-						

Please list you Educational Background

Dates	Degree or Diploma	Institution	City	State
-				
-				
-				
-				

Please list any current and previous Emergency Medical Services or Fire Services affiliation

Dates	Agency	City	State	Phone
-				
-				
-				
-				

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 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 employment with Endeavor Emergency Squad, Inc. is entered into voluntarily, and the employee is free to resign at will at any time with or without cause or notice. Similarly Endeavor Emergency Squad, Inc. may terminate the employment relationship at will at any time with or without cause or notice, so long as there is no violation of applicable federal or state law. This application is not intended to create a contract, nor is it to be construed to constitute a contractual obligation of any kind or a contract of employment between Endeavor Emergency Squad, Inc. and any of its employees.

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 FOR RELEASE OF INFORMATION

I _____ authorize the release of all of my personal records: educational, medical, criminal, civil, or other information as required by the Endeavor Emergency Squad, Inc. or its official agents. This release is for the purpose of conducting an investigation of a confidential nature for possible employment and is a requirement of this agency.

Additionally, I authorize all law enforcement agencies, motor vehicle departments, probation departments, selective service boards, physicians, hospitals and other institutions and agencies without exception to release any and all information and documentation to the Endeavor Emergency Squad, Inc. or their official representatives.

It is therefore my desire that all persons contacted by this agency cooperate fully in the background investigations and supply copies of such records when so requested. If I am accepted as a employee, this authorization shall be effective as long as I am a member of the Endeavor Emergency Squad, Inc.

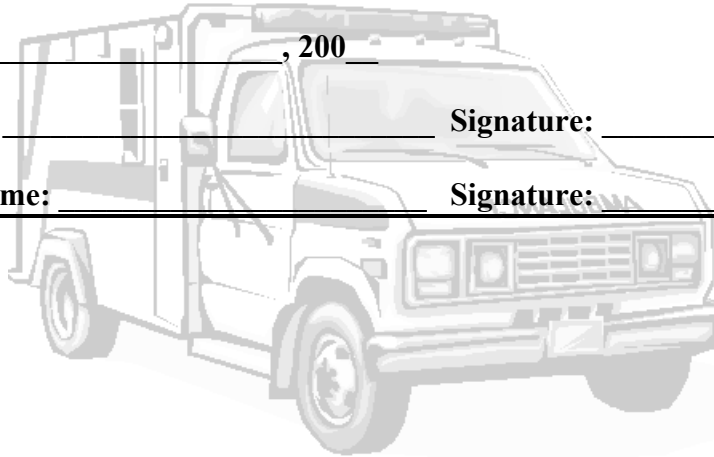
A photocopy of this authorization will be considered as effective as the original.

Dated this ____ day of _____, 200__

Place Notary
Seal Here

Applicant Print Name: _____ Signature: _____

Notary Public Print Name: _____ Signature: _____



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