

Community Ambulance
Association, Ambler

Station 351

*Excellence in
Pre-Hospital Care*



Thank You for your interest in Community Ambulance Association, Ambler. This application must be completed in full before CAAA can process it. Below are a few steps that will ensure proper completion of the application.

1. Please fill out the application completely. Leave no blanks. If a question does not apply to you, then write N/A in the space provided.
2. Please attach copies of all certifications along with your driver's license and current resume.
3. Upon submission of your application, an officer from CAAA will contact you.

If information is missing, the application will be returned without action.

If you have any questions regarding this application, please feel free to contact the on duty officer at 215-643-6517. Again, thank you for your interest in Community Ambulance Association, Ambler and we look forward to receiving your application!

CAAA is an equal opportunity employer

**Community Ambulance
Association, Ambler**

Station 3-51

**Excellence in
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Position applying for: _____ **Date:** _____

Name: _____

Address: _____

City/State/Zip: _____

Home phone: _____

Cell Phone: _____

Email: _____

Are you at least 18 years of age? YES / NO

Driver's license number _____ **State:** _____ **Exp Date:** _____

Has your driver's license ever been suspended or revoked for any reason? YES / NO
If yes, please list dates and reasons.

Have you ever been convicted of a crime? YES / NO

If yes, please list all such events, including date, place, and disposition

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List information for your current employer and two other current or previous employers

Employer: _____
Supervisor: _____
Dates of Employment: _____
Phone number: _____

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Supervisor: _____
Dates of Employment: _____
Phone number: _____

Employer: _____
Supervisor: _____
Dates of Employment: _____
Phone number: _____

Please list 2 personal references to which you are not related or employed by.

Name: _____ Phone: _____
Relationship: _____

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Relationship: _____

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Please list all current medical training: (EMT/Medic, Hazmat, CPR, etc)

Other special skills or qualifications:

Education:

High School: _____

City/State: _____

of years completed: _____ Graduated: YES / NO

College: _____

City/State: _____

of years completed: _____ Graduated: YES / NO

Other Education:

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CAAA may conduct the following investigative activities as part of the background review. Your signature on this application indicates you understand these activities and you authorize them to be conducted as needed:

1. Persons convicted of specific crimes may not hold certain positions in the company. You authorize CAAA to undertake a criminal record check prior to approving status and/or periodically in the future, once you have obtained a position with CAAA.
2. You authorize CAAA to obtain a motor vehicle record report prior to acceptance and on an annual basis. CAAA's insurance company may also obtain a report through its sources. If the position you are applying for involves driving a company vehicle the applicant must be 21 years of age and have a good record.

I have read, understood, and completed this application. I certify that my answers are true and complete to the best of my knowledge. I authorize CAAA to make such investigations and inquiries of my personal, employment, educational, or criminal history and other related matters as may be necessary for a decision. I hereby release employers, school, or persons from all liability in conjunction with information, provided to CAAA regarding my application.

I understand that false or misleading information or omission of facts on the application or during interviews may result in immediate expulsion or revocation of status if accepted into Community Ambulance Association Ambler.

Signature of Applicant _____ Date _____