Township of Lyndhurst
Emergency Medical Services
Application for Employment

Lyndhurst EMS Headquarters
297 Delafield Avenue
Lyndhurst, NJ 07071
(201)-804-0322
REQUIREMENTS

Probationary Emergency Medical Technicians - must meet the following requirements as set forth in the Lyndhurst Emergency Medical Services Township Ordinance # 2463

- Citizen of the United States of America.
- Must be at least 21 years old.
- Must be certified by a physician as being physically qualified for active duty
- Valid New Jersey Driver’s License.
- Must have a valid NJ Department of Health Emergency Medical Technician Card
- Must have a valid CPR Card
- Must submit to a drug test.
- Must not have been convicted of any crime. The applicant shall consent to a criminal history search to be conducted by the Lyndhurst Police Department.
- Must be of good moral character.
- Must complete a minimal educational requirement by obtaining a high school diploma
- G.E.D., or its equivalent.
- Must submit fingerprints to the L.P.D. for process by NJSP.
- Must submit a consent form to the NJSP for a mental health screening search (N.J.S.A. 30:4-24.3).

NAME__________________________________________

ADDRESS__________________________________________________________________________

TOWN______________________STATE__________ZIP _______

DATE OF APPLICATION:_______________________________________

HOME PHONE NUMBER:________________________________________

OTHER PHONE NUMBER (CELL/PAGER):________________________________________

INSTRUCTIONS: Read every question carefully, answer EVERY question, leave no blank spaces, and submit a completed application. If the question does not apply to you, so state. A candidate may be rejected who has intentionally made a false statement of a material fact or practiced, or attempted to practice, any deception or fraud in this application, in any examination, or in securing eligibility for appointment. The candidate shall personally prepare this application. All entries, except the signature, MUST be printed legibly in block letters. Entries must be made in black or blue ink. If the space available for any question is insufficient, use a separate sheet of paper, attach it to the corresponding page and precede each answer with the number of the question being answered.
Optional
White
Black
Hispanic
Asian
American Indian

Current Photo

Personal Data

1. What is your full name?

Last Name    First Name    Middle Name

2. Give any other names you have used or have been known by, and attach a statement giving reasons (if
none, so state)

3. Where were you born?

City    State

4. How long have you been at your current residence? _____ Years _____ Months

5. Date of Birth    Age    Sex

Month    Day    Year

Height    Weight    Eyes    Hair

6. Social Security Number    State Issued:


Employment status

7. Who is your current employer? 

8. What is your occupation? 

9. Number of years with employer and regular hours? 

10. List employer address and telephone numbers. 

11. Who is your previous employer? 

12. What was your occupation? 

13. Number of years with employer and regular hours? 

14. List previous employer address and telephone numbers. 

15. Do you wear glasses or contact lenses? Yes No
   If yes, explain 

16. Marital Status SINGLE MARRIED SEPARATED DIVORCED
   ANNULLED WIDOWED

17. Are you a U.S. Citizen? Yes Native born Naturalized
   If so, in what country were you born? 

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18. In chronological order, state each and every place in which you resided in the past 15 years:

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19. Emergency contact:________________________________________ Relationship: ______________________

PHONE #: ______________________________________

20. Alternate contact:____________________________________ Relationship: ______________________

PHONE #: ______________________________________

21. Have you ever been a member or applied for membership to another EMS Agency? ______________________
   If yes, where, dates served, and attach any copies of training certifications. ______________________

22. Do you suffer from any physical handicap, defect, disability or illness? ______________________
   If yes explain: ______________________

*NOTE: All applicants must also complete the Medical History for the Lyndhurst Emergency Medical Services questionnaire attached to this application. Also obtain certification from a licensed physician qualifying the applicant for active duty as an Emergency Medical Technician, and have the physician complete the additional application attached with this application.
23. Are you dependent upon the use of any narcotic or other controlled dangerous substance? 

24. Are you now being treated for a drug abuse problem? 
   If yes explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

25. Are you an alcoholic? 

26. Have you ever been charged with a crime, disorderly person offense, petty disorderly person offense?
   Yes    No
   If yes, give additional information as to date, location, charge, police agency, and court disposition of charge - be specific. Indicate all offenses and arrests, including juvenile delinquent.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

27. Have you ever been convicted of any domestic violence offenses in any jurisdiction?
   ____________________________________________________________
   If yes, where? _____________________________________________
28. Are you subject to any court orders issued pursuant to domestic violence? ______________________

29. If you were ever issued a firearms or pistol license, please provide the following information regarding the license: Issuing authority, date of issue, expiration date, and full name as stated on the license, and firearms specified on the license, including all information specified on the license related to each firearm.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Motor Vehicle

30. Do you possess a valid New Jersey Drivers License?  Yes  No

If yes, give your New Jersey Drivers License Number: ____________________________

31. Have you ever possessed a driver's license from a state other than New Jersey?

   Yes  No

   If yes, list which state(s): ________________________________________________

32. Do you own a motor vehicle?  Yes  No

   If yes: ____________________________

   MAKE  MODEL  YEAR  COLOR

33. Vehicle Registration Number: ____________________________________________

   Date of expiration: ______________________________________________________
34. Has your motor vehicle registration or license ever, or is it now, under revocation or suspension?
   Yes  No
   If yes, state the date and cause, being specific
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

35. Have you ever been served a summons for a motor vehicle violation other than one that incurred penalty points
    on your NJ driver's license? _________________
    If yes, please specify the infraction(s) for which the summons' was issues, the date of each infraction, and location
    of each infraction. ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________

36. Do you regularly operate a motor vehicle of another for personal use? Yes  No
    If yes: ________________________________________________________________
    MAKE  PLATE #

37. Do you currently have any penalty points against your NJ driver's license? ___________________________
    If yes, please specify the infraction(s) for which the points were incurred, the cate of each infraction, the
    location of each infraction, and the number of points incurred for each infraction.
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
38. Have you ever been involved in a motor vehicle accident as a driver, which resulted in bodily injury or death? ______________

If yes, please provide a detailed description of the accident(s), including:

1. The date and location of the accident
2. A description of all vehicles involved in the accident
3. A description of all occupants of each vehicle involved in the accident and the injuries sustained by each occupant
4. Whether alcohol or any other controlled dangerous substances were a factor in the accident, and if so, who was under the influence of same
5. Whether any summons' were issued:
   (a) If so, to whom were the summons issued
   (b) For what infraction(s) were the summons' issued
   (c) Was the individual found guilty
   (d) What was the penalty impose

6. List any court proceedings or lawsuits related to the accident, including the parties to the lawsuit, the current status of the lawsuit and / or the outcome of the court proceedings.
39. Do you have any knowledge of or information in addition to the specifically requested in this questionnaire, which is or may be relevant directly or indirectly in connection with an investigation of your eligibility and fitness for the position you are presently seeking, including, but not limited to knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, military service, education, subversive activities, family associations, criminal records, traffic violations, residence, or otherwise. Yes  No
If yes, submit in full details.

________________________________________________________________________

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Vouchers

NOT TO BE MEMBERS OF THE LYNDHURST EMERGENCY MEDICAL SERVICE OR ANY OTHER PERSON LISTED IN THIS APPLICATION

Upon completion of this form, the applicant must obtain three reputable citizens who will vouch for the honesty, reputation and ability of the applicant. The voucher should read carefully all statements made by the applicant before signing. Then, the voucher portion of the form should be completed by the voucher and signature affixed.

I, the undersigned, declare that I am over 21 years of old that I have personally known the applicant for at least one year, that I have read the whole of the foregoing application and believe all statements therein to be true. I also declare that I am not related in any way to the applicant.

I will, upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

Voucher One
(please print)

Name: __________________________________ Business Address: ________________________________

Home Address: ________________________________ SS# ________________________________

City, State, and Zip Code: ________________________________

Telephone #: ________________________________ Occupation: ________________________________

Date of Birth: ______________ Present Date: ________________________________

How long have you personally known the applicant? ________________________________

In what capacity do you know the applicant? ________________________________

Is the applicant of good character and reputation? ________________________________

Signature ________________________________ Date ________________________________
NOT TO BE MEMBERS OF THE LYNDHURST EMERGENCY MEDICAL SERVICE OR ANY OTHER PERSON LISTED IN THIS APPLICATION

Upon completion of this form, the applicant must obtain three reputable citizens who will vouch for the honesty, reputation, and ability of the applicant. The voucher should read carefully all statements made by the applicant before signing. Then, the voucher portion of the form should be completed by the voucher and signature affixed.

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ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

Voucher Two
(please print)

Name: ____________________________________________ Business Address: ____________________________________________

Home Address: ____________________________________________ SS# ________________________________

City, State, and Zip Code: ____________________________________________

Telephone #: ____________________________________________ Occupation: ________________________________

Date of Birth: ________________________________ Present Date: ____________________________________________

How long have you personally known the applicant? ____________________________________________

In what capacity do you know the applicant? ____________________________________________

Is the applicant of good character and reputation? ____________________________________________

Signature ________________________________ Date ________________________________
NOT TO BE MEMBERS OF THE LYNDHURST EMERGENCY MEDICAL SERVICE OR ANY OTHER PERSON LISTED IN THIS APPLICATION

Upon completion of this form, the applicant must obtain three reputable citizens who will vouch for the honesty, reputation and ability of the applicant. The voucher should read carefully all statements made by the applicant before signing. Then, the voucher portion of the form should be completed by the voucher and signature affixed.

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ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

Voucher Three
(please print)

Name:_________________________________________Business Address:_________________________________________

Home Address:_________________________________________SS#_________________________________________

City, State, and Zip Code:________________________________________

Telephone #:________________________________________Occupation:________________________________________

Date of Birth:_________________________Present Date:________________________________________

How long have you personally known the applicant?________________________________________

In what capacity do you know the applicant?________________________________________

Is the applicant of good character and reputation?________________________________________

Signature_________________________________________Date_________________________
I hereby agree to obey appropriate and relevant Township Ordinances governing the Lyndhurst Emergency Medical Services as well as the policies and procedures of the Lyndhurst Emergency Medical Services. I understand that as part of the application process, I must complete the Medical and drug screen exam and obtain a clean bill of health by a duly licensed physician that I am physically qualified for active duty in the Emergency Medical Services department. I understand that as part of the application process I must also consent to a “Criminal History Record Background Check and that I must submit to being fingerprinted. I further understand that I will be placed on a probationary period of six (6) months from time I have been approved by the Director of Public Safety. I also declare that I completed this personal history questionnaire, and that the statements contained herein are, to the best of my knowledge and belief, true and correct and I have not knowingly and willfully made any false statements or given information which I know to be false."

Any person who knowingly gives or causes to be given false information on this application may be guilty of a crime of the fourth degree under the New Jersey Code of Criminal Justice (2C:28-4).

______________________________________________
Signature of Applicant  (Signature must be notarized)

______________________________________________
Date

Subscribed and sworn to, before me on
This_________day of_________.
Notary Public:____________________________

(Seal)
APPLICATION and CONSENT TO SEARCH RECORDS
Emergency Medical Services
PLEASE PRINT CLEARLY

Last Name: ___________________________ First: _______________ M.I. __________

D.O.B: ___________ Place Of Birth _______________ Maiden Name: ____________

Age: _____ Sex: _____ Race: ______ Height: _____ Wt: ______ Hair: ______ Eyes: ______

S.S.# _______ - _______ - _______ Phone# _______ - _______ - _______

Home Address: _________________________________________________________

Scars and/or Tattoos: _________________________________________________

Citizenship: ____________________________ (country) _______________________

Name & Address of where you will be working: ______________________________

______________________________________________________________________

Have you ever been arrested for a criminal offense? ______ If YES, Date, Place, & Offense:

______________________________________________________________________

***Signature below releases the Lyndhurst Police Department, its agent and
representatives from any and all liability of every nature and kind arising out of the
furnishing, inspection or collection of such documents, records, and other information or
the investigation made by the Lyndhurst Police Department.

*** The Chief of Police has the right to deny any applications.

*** Any person who gives false information on this application is in violation of/and can
be charged with NJS 2c:38-3.

SIGNATURE OF APPLICANT: __________________________ DATE: __________
Authorization for Release of Police Records Information

To: _____________________________________________________________

_______________________________________________________________

_______________________________________________________________

Applicant Name: _________________________________________________

Address: _______________________________________________________

_______________________________________________________________

Date of Birth: ______________________ SS# ___________________________

The undersigned hereby authorizes your or your representatives to disclose, make available and furnish to the Chief, Lyndhurst Police Department, a copy of any and all records or information there from concerning above named individual who is an applicant for _________________________________.

_______________________________________________________________

Signature of Applicant

_______________________________________________________________

Dated


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