Application#

Name: _____

Last *First*

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 resident? _____ 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 or 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?_____

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

DATES	ADDRESS	CITY	STATE	PHONE #

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? _____

Arrests, Summonses, etc.

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. 31. 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 date 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.

_____

_____

_____

_____

Additional Information

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.

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

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

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)

Lyndhurst Police Department

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