

# Municipal Emergency Services Authority of Lancaster County

PO Box 384  
 Elizabethtown, PA  
 717-361-8220



## EMPLOYMENT APPLICATION

### Please Print:

Date of Application \_\_\_\_\_ Position(s) applied for \_\_\_\_\_ Date available to start \_\_\_\_\_

Last Name:		First Name:		Middle Initial:
Address:		City:	State/ZIP:	
Telephone:	Mobile phone:		E-mail:	

Availability to work: (circle all that apply):    Days    Nights    Weekends

Interested in working:    Full Time    Part Time

## EMPLOYMENT HISTORY

Please list current place of employment first:

Employer:	Dates of employment:		
Address:	Reason for leaving:		
Telephone:	Job Title:	Pay Rate:	
Primary Job Duties:		May we contact employer for reference? Y / N	

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Address:	Reason for leaving:		
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Primary Job Duties:		May we contact employer for reference? Y / N	

## EDUCATION

Name of School	Location (City, State)	Number of years completed	Degree or certification

## REFERENCES

Please list at least 3 references below that MESA may contact:

Name	E-mail Address	Telephone	Years known	Relationship

**Circle "Yes" or "No" for each question. Please provide details below if applicable.**

1. Are you 18 years or older?    Yes    /    No
  
2. Are you legally eligible for employment in the United States?    Yes    /    No
  
3. In the past three (3) years, have you knowingly used any amphetamines, narcotics, barbiturates, or other controlled substances that were not prescribed for you by a licensed physician?    Yes /    No  
 (If "Yes," please provide details below.)
  
4. Have you been convicted of a felony or a misdemeanor in the past five years?    Yes    /    No  
 (If "Yes," please provide details below. *Conviction will not necessarily disqualify an individual for employment.*)
  
5. Have you ever had your Medical Command revoked and/or suspended?    Yes    /    No  
 (If "Yes," please provide details below.)

Please list the question number and the explanation for any "Yes" answers to questions 3 - 5 here.

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**Please read carefully and sign:**

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment or may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and authorize any person, school, current employer (unless otherwise indicated), past employer and organizations in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. All offers of employment at MESA are contingent upon clear results of a thorough background check. Background checks will be conducted on all final candidates.

I understand that if an offer of employment is extended, it will be contingent upon me successfully passing a pre-employment physical examination, including a urine drug screen. I consent to the release of any or all medical information as may be deemed necessary to perform the essential functions of the position for which I have applied.

I understand that this application is not a guarantee of employment for any definite period of time. If hired, I understand that MESA maintains a policy of "Employment at Will" and that continued employment is based upon the mutual consent of employer and employee. Employment may be terminated at any time by either the employer or the employee without notice.

I acknowledge and understand that compliance with the above is a condition of my employment.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent/Guardian signature if applicant under 18

MESA provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. Reasonable accommodations will be made for disabilities and religious beliefs.

## CERTIFICATIONS

**\*\*Please submit a copy of these certifications at the time of application. All applications must be accompanied by a recent (within 1 year) PA Criminal Record Check and Child Abuse History Clearance Form. Applications without these clearances will not be considered.**

Course	Cert. #	Cert. Date	Exp. Date	MESA Use Only Copy Submitted
PA EMT/AEMT/ Medic/PHPH**				
CPR (Healthcare Provider) **				
ACLS <small>Medic/PHPH**</small>				
Driver's License**				
EVOC / EMSVO**				
HazMat (Level)**				
BTLS/PHTLS				
PALS <small>Medic/PHPH**</small>				
National Registry				
Other (specify):				
IS 100**, 200**, 700**, 800**				
Instructor certification(s):				
<b>Criminal Record Check (SP4-164)**</b>				
<b>Child Abuse History Clearance Form (CY 113)**</b>				
<b>Additional Medic/PHPH Information Required at time of application:</b>				
				<b>MESA Use Only</b>
Previous MC authorization:				
Previous organization:				
Medical Command Physician:				
Dates of authorization:				
Explanation if authorization was ever revoked:				

**MESA MANAGEMENT USE ONLY**

<b>Action</b>	<b>Date Processed</b>	<b>Result(s)</b>	<b>Initials</b>
Application received			
Applicant Checklist Completed			
Interview			
Offer extended			
HR Checklist begin			