



# Borough of Belmar Emergency Medical Services



601 Main Street  
Belmar, NJ, 07719

Email: [ems@belmar.com](mailto:ems@belmar.com)  
Phone: 732-681-3700

## EMS Application

Complete the application and return it to the Borough of Belmar or email it to the above address. If you have any issues or questions, contact the same email.

When submitting, attach a resume and a cover letter describing why you would like to work for the agency.

**Applications must be submitted as a scanned or hard copy.**

### *Personal Information:*

- Full Name: \_\_\_\_\_
- Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_
- City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Email address: \_\_\_\_\_
- Home Phone: \_\_\_\_\_
- Cell Phone: \_\_\_\_\_
- Veteran Status    YES        NO

Preferred contact (Please Circle):    Cell Phone    Home Phone

Employment Desired (Please Circle):    Full-Time    Part-Time    Seasonal



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## *Employment Eligibility:*

Are you legally eligible to work in the United States? YES NO

Are you over the age of 18? YES NO

Do you have a high school diploma or Equivalent? YES NO

Have you ever worked for this employer before? YES NO

If yes, write the start and end dates: \_\_\_\_\_

Have you ever been convicted of a Felony? YES NO

If Yes, please explain:

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## *Letters Of Reference*

Please provide three (3) professional references and their contact information below.

Name:

Phone No.:

Email:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you know or have you known of any present or past employees of The Borough of Belmar or the Borough of Belmar Emergency Medical Services? If so, place their name(s) below.

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## *Education:*

- High School: \_\_\_\_\_ City/ State: \_\_\_\_\_
  - From: \_\_\_\_\_ To: \_\_\_\_\_
  - Graduate: Yes No
    - ★ Diploma: \_\_\_\_\_
  
- College: \_\_\_\_\_ City/ State: \_\_\_\_\_
  - From: \_\_\_\_\_ To: \_\_\_\_\_
  - Graduate? Yes No
    - ★ Degree: \_\_\_\_\_
  
- Other: \_\_\_\_\_ City/ State: \_\_\_\_\_
  - From: \_\_\_\_\_ To: \_\_\_\_\_
  - Graduate? Yes No
    - ★ Degree: \_\_\_\_\_

List any other education you have received:

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### *Previous Work Experience:*

Please provide work experience for the past five (5) years, a contact person if able, and the start and end dates.

- Job: \_\_\_\_\_
  - Contact Person: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
  - Email: \_\_\_\_\_
- Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- Reason for leaving: \_\_\_\_\_
- May we contact? Yes No
  
- Job: \_\_\_\_\_
  - Contact Person: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
  - Email: \_\_\_\_\_
- Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- Reason for leaving: \_\_\_\_\_
- May we contact? Yes No
  
- Job: \_\_\_\_\_
  - Contact Person: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
  - Email: \_\_\_\_\_
- Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- Reason for leaving: \_\_\_\_\_
- May we contact? Yes No



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### *EMS Certifications:*

Attach a current American Heart Association CPR card, a New Jersey Driver's License, and a copy of your New Jersey EMT certification. In addition, attach copies of the ICS 100,200,700,800 certifications and any applicable current EMS certifications you may have obtained.

**Please note that only photocopies or scanned copies will be accepted during the application process; no photos will be accepted.**

- New Jersey State EMT ID#:

\_\_\_\_\_

- National Registry EMT ID #:

\_\_\_\_\_

- Years of Service as an EMT:

\_\_\_\_\_

- New Jersey Driver's License #:

\_\_\_\_\_

# Understandings and Agreements

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As an applicant for a position with the Borough of Belmar, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Borough of Belmar later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough of Belmar the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Borough of Belmar the right to secure additional job-related information about me. I release the Borough of Belmar and its representatives from all liability for seeking such information. I understand that the Borough of Belmar is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough of Belmar will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Borough of Belmar may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough of Belmar may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### *Conditions of Employment*

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing, and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. For your application to be considered, you must sign and date below.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_