



City of Sea Isle City - Division of EMS

233 JFK Boulevard
Sea Isle City, NJ 08243
(609) 263-8686

Application for Seasonal Employment

Note: Seasonal applicants must be a Certified Emergency Medical Technician and possess a valid Drivers License. Please provide copies of EMT, CPR cards and Drivers License with this application. Return this employment application and all supporting documents to the Division of EMS, Attention: Chief of EMS, 233 JFK Boulevard, Sea Isle City, NJ 08243.

| | |
|-----------------------------------|--------------|
| Applicant Information: | |
| Name (Last, First, Middle): _____ | |
| Address: _____ | |
| City/ Town: _____ | |
| Phone Number: () _____ | Email: _____ |

(Please Print)

Date of Application: _____

Position applying for: _____ Date you can start: _____

Have you ever applied to the City of Sea Isle City before: ____ Yes ____ No

If yes, give date: _____

Have you previously worked for the City: ____ Yes ____ No If yes, give date: _____

Are you currently employed: ____ Yes ____ No

May we inquire of your present employer: ____ Yes ____ No

Are you currently on layoff status and subject to recall: ____ Yes ____ No

Do you have a current driver's license? ____ If yes, what state? ____ CDL ____ Yes ____ No

Please list any endorsements: _____

The City of Sea Isle City is an Equal Opportunity Employer

Employment History:

(List below last three employers, starting with last one first)

| | | | |
|--------------------|--------------------|-------|---|
| 1. Employer | Dates Employed | | Work Performed |
| | From | To | |
| Telephone Number | | | |
| Address | Hourly Rate/Salary | | |
| | Starting | Final | |
| Job Title | | | Supervisor's Name |
| Reason for leaving | | | May we contact for a reference: Yes No |
| 2. Employer | Dates Employed | | Work Performed |
| | From | To | |
| Telephone Number | | | |
| Address | Hourly Rate/Salary | | |
| | Starting | Final | |
| Job Title | | | Supervisor's Name |
| Reason for leaving | | | May we contact for a reference: Yes No |
| 3. Employer | Dates Employed | | Work Performed |
| | From | To | |
| Telephone Number | | | |
| Address | Hourly Rate/Salary | | |
| | Starting | Final | |
| Job Title | | | Supervisor's Name |
| Reason for leaving | | | May we contact for a reference: Yes No |

EMS/EMT Experience: (If not provided on Employment History)
(Applicants must have at least two years experience as an EMT)

| |
|--|
| Sponsoring Agency: _____ |
| Title: _____ |
| Supervisor: _____ |
| Start Date: _____ Wages: _____ |
| End Date: _____ Wages: _____ |
| Job Description (including duties and responsibilities): _____ |
| _____ |
| Telephone #: _____ |
| May we contact?: YES NO |
| Reason for leaving: _____ |

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|--|
| Sponsoring Agency: _____ |
| Title: _____ |
| Supervisor: _____ |
| Start Date: _____ Wages: _____ |
| End Date: _____ Wages: _____ |
| Job Description (including duties and responsibilities): _____ |
| _____ |
| Telephone #: _____ |
| May we contact?: YES NO |
| Reason for leaving: _____ |

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|--|
| Sponsoring Agency: _____ |
| Title: _____ |
| Supervisor: _____ |
| Start Date: _____ Wages: _____ |
| End Date: _____ Wages: _____ |
| Job Description (including duties and responsibilities): _____ |
| _____ |
| Telephone #: _____ |
| May we contact?: YES NO |
| Reason for leaving: _____ |

Please include a copy of your resume.

Education:

| Name and Location of school | | Years attended | Graduated: (Circle) | Major Field |
|------------------------------------|--|-----------------------|--------------------------------|--------------------|
| Grammar School: | | 1 2 3 4 | Yes No | |
| High School: | | 1 2 3 4 | Yes No | |
| College: | | 1 2 3 4 | Yes No | |
| Other: | | 1 2 3 4 | Yes No | |

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you we should consider?

References

(References should NOT be family or former supervisors)

| Name | Address | Phone # | Years Known | Names of Business |
|------|---------|---------|-------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

Understandings and Agreements:

As an applicant for a position with the City of Sea Isle City, 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 City of Sea Isle City later discovers that information on this form was incomplete, untrue, or inaccurate. I give the City of Sea Isle City 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 City of Sea Isle City the right to secure additional job-related information about me. I release the City of Sea Isle City and its representatives from all liability for seeking such information. I understand that the City of Sea Isle City is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the City of Sea Isle City will make reasonable accommodations as required by the Americans with Disabilities Act and New Jersey Law Against Discrimination. I understand that, if employed, I may resign at any time and that the City of Sea Isle City may terminate me at any time in accordance with its established policies and procedures. No representatives of the City of Sea Isle City 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. *For your application to be considered, you must sign and date below.*

Applicant's Signature _____ **Date** _____

CITY OF SEA ISLE CITY, NEW JERSEY
AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give consent to any authorized representative of the City of Sea Isle City, New Jersey, to conduct a background investigation

From my schools, academic records, the dates of attendance, title of degree received, number of credit hours successfully completed, and major field of study. A complete transcript is not required.

From my employment records, the position title, job duties, date of employment, salary or any form of compensation, conduct and job performance, eligibility for reemployment, and any other information pertinent to previous and or current employers.

From any records related to criminal record information, police, courts, probation departments, selective service boards, motor vehicle agencies and any other institutions and agencies, without exception, that information which would be documentary or pertaining to me and be pertinent to determining eligibility for employment.

I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such release at a later date.

I understand the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

As a condition of employment, I agree to a pre-employment and/or random drug testing in accordance with the City of Sea Isle City's no tolerance policy.

Photocopies of this authorization with my signature are valid as the original signed by me.

This authorization shall remain in effect so long as I remain employed in my position with the City of Sea Isle City

Print Name: _____ Signature: _____

Date Signed: _____ Mailing Address: _____

Social Security Number: _____ Driver's License #: _____

Witness Name: _____ Witness Signature: _____