



Good Fellowship Ambulance & EMS Training Institute

Serving the Community for Over 50 Years

600 Montgomery Avenue ♦ PO Box 361 ♦ West Chester, PA 19381-0361 ♦ (610) 431-3132 ♦ www.goodfellowship.com

Application For Employment (Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: _____
Last First Middle

Present Address _____

Permanent Address (if different than above) _____

Social Security _____ Home Phone _____

E-Mail address: _____ Pager/Cell# _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by Good Fellowship Club of Chester Co. Inc.?

3. How were you referred to Good Fellowship? _____

4. Have you ever been convicted of a felony? ___ Yes ___ No If yes, please explain:

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
Elem/Jr. High _____		
High School _____		
College _____		
Tech. Training _____		
Other _____		

III. Employment Record Please include all employment for the last five years, beginning with most recent employer.

1. _____
Company Name(Current/Most Recent) _____ Position Held _____
_____ Dates Employed: _____
Address _____ From To _____
_____ Manager / Supervisor _____ Telephone _____ Wage/Salary _____
Reason For Leaving _____

2. _____
Company Name _____ Position Held _____
_____ Dates Employed: _____
Address _____ From To _____
_____ Manager / Supervisor _____ Telephone _____ Wage/Salary _____
Reason For Leaving _____

3. _____
 Company Name Position Held

_____ Dates Employed: _____
 Address From To

_____ Telephone Wage/Salary
 Manager / Supervisor

_____ Reason For Leaving

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

 (Employer's Name) Reason

 (Employer's Name) Reason

IV. References Please do not include relatives or former employers.

1. _____
 Name Years Known

_____ Telephone
 Address

_____ Occupation

2. _____
 Name Years Known

_____ Telephone
 Address

_____ Occupation

3. _____
 Name Years Known

Address

Telephone

Occupation

V. Work Availability

1.If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime?

() Yes () No

3. Can you work overtime without prior notice?

() Yes () No

4. Can you work on Saturday?

() Yes () No

5. Can you work on Sunday?

() Yes () No

6. Can you travel if required by this position?

() Yes () No

7. Are you applying for employment:

() Full-time () Part-time

8. Drivers License Data. State: _____ #: _____

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per/hr.

V. Signature: _____

Date: _____

For Office Use Only:

Route:	Initial	Date
E.D.		
Pers.		
Ops.		
Board		