

# Southern Monmouth Regional Emergency Medical Services

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601 Main Street  
Belmar, NJ, 07719

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

Please fill out the application in its **entirety** and return it to the Borough of Belmar EMS. Any issues or questions please use the contact email listed above. If not already submitted, please attach a current resume and a cover letter describing why you would be a good fit for the Borough of Belmar EMS.

## *Applicant Information*

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Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Veteran Status: \_\_\_\_\_

## *Contact Information*

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Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Preferred contact:            Cell Phone    Home Phone

*Credentials*

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New Jersey State EMT ID #: \_\_\_\_\_

Years of Service as an EMT: \_\_\_\_\_

New Jersey Driver's License #: \_\_\_\_\_

Along with this application please make sure to attach copies of EMT certification, AHA BLS CPR certification, and New Jersey driver's license if they have not already been submitted prior to filling out this application.

*Letters Of Reference*

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Please provide three (3) letters of reference and place their contact information below onto why you would be a good fit for Belmar Borough EMS.

Name:

Phone No.:

Email:

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Do you know or have you known of any present or past employees of Belmar Borough or Belmar Borough EMS, if so, place their name(s) below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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*

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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 \_\_\_\_\_