



# AMBULANCE SERVICE



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# EMPLOYMENT APPLICATION

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NAME

APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, AGE, RELIGIOUS ORIENTATION, SEX, OR ETHNIC ORIGIN.

**PERSONAL**

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

\_\_\_\_\_  
HOME TELEPHONE, BUSINESS TELEPHONE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

HAVE YOU EVER APPLIED WITH US BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHEN?  
WHEN WILL YOU BE ABLE TO START? / WHAT POSITION ARE YOU APPLING FOR?

DO YOU POSSESS ALL LICENSES AND CERTIFICATES NECESSARY TO PERFORM THE JOB FOR WHICH YOU ARE APPLING? YES \_\_\_\_\_ NO \_\_\_\_\_

**EDUCATION**

PLEASE FILL IN NAME AND LOCATION OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, AND NUMBER OF YEARS COMPLETED, AND IF GRADUATED/ DEGREE OR DIPLOMA RECEIVED.

GRADUATE SCHOOL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COLLEGE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



BUSINESS TRADE OR TECHNICAL SCHOOL:

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HIGH SCHOOL:

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ELEMENTRY SCHOOL:

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EMPLOYMENT HISTORY: PLEASE GIVE ACCURATE AND COMPLETE FULL TIME AND PART TIME EMPLOYMENT RECORD FOR THE LAST TEN YEARS. START WITH THE MOST RECENT EMPLOYER.

1. COMPANY NAME:

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TELEPHONE NUMBER AND CONTACT PERSON: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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ADDRESS:

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EMPLOYMENT DATES: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

WEEKLY PAY: START \_\_\_/\_\_\_/\_\_\_ FINISH \_\_\_/\_\_\_/\_\_\_

JOB TITLE AND DUTIES:

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REASON FOR LEAVING:

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**2. COMPANY NAME:**

\_\_\_\_\_

**TELEPHONE NUMBER AND CONTACT PERSON:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT DATES: FROM** \_\_\_/\_\_\_/\_\_\_ **TO** \_\_\_/\_\_\_/\_\_\_

**WEEKLY PAY: START** \_\_\_/\_\_\_/\_\_\_ **FINISH** \_\_\_/\_\_\_/\_\_\_

**JOB TITLE AND DUTIES:**

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR LEAVING:**

\_\_\_\_\_

**3. COMPANY NAME:**

\_\_\_\_\_

**TELEPHONE NUMBER AND CONTACT PERSON:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT DATES: FROM** \_\_\_/\_\_\_/\_\_\_ **TO** \_\_\_/\_\_\_/\_\_\_

**WEEKLY PAY: START** \_\_\_/\_\_\_/\_\_\_ **FINISH** \_\_\_/\_\_\_/\_\_\_

**JOB TITLE AND DUTIES:**

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR LEAVING:**

\_\_\_\_\_

\_\_\_\_\_



**4. COMPANY NAME:**

\_\_\_\_\_

**TELEPHONE NUMBER AND CONTACT PERSON:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT DATES: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

WEEKLY PAY: START \_\_\_/\_\_\_/\_\_\_ FINISH \_\_\_/\_\_\_/\_\_\_

**JOB TITLE AND DUTIES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR LEAVING:**

\_\_\_\_\_

\_\_\_\_\_

**CITIZENSHIP STATUS**

ARE YOU A CITIZEN OF THE UNITED STATES, OR DO YOU HAVE A PERMIT WHICH ALLOWS YOU TO WORK IN THE UNITED STATES?

YES \_\_\_\_\_ NO \_\_\_\_\_

WHAT WAS YOUR PREVIOUS ADDRESS?

\_\_\_\_\_

\_\_\_\_\_

HOW LONG AT PREVIOUS ADDRESS? YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

HOW LONG AT PRESENT ADDRESS? YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

HAVE YOU EVER BEEN BONDED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE GIVE NAME OF EMPLOYER:

\_\_\_\_\_

\_\_\_\_\_



STATE NAMES OF RELATIVES OR FRIENDS WORKING FOR US OTHER THAN SPOUSE

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OR ANY CRIME OR TRAFFIC OFFENSES? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE GIVE FULL DETAILS (PLEASE USE ADDITIONAL SHEET IF NECESSARY)

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

ARE YOU WILLING TO WORK A SCHEDULE, WHICH IS SOMETIMES DIFFERENT FROM YOUR NORMAL WORK SCHEDULE?

YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU WILLING TO WORK OVERTIME? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE LIST ANY SPECIAL SKILLS OR, TRAINING YOU WOULD LIKE TO HAVE CONSIDERED:

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

**PERSONAL REFERENCES: PLEASE LIST AT LEAST 2 REFERENCES**

1. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

4. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_



**EMERGENCY MEDICAL TECHNICIANS, PARAMEDICS, AND NURSES PLEASE COMPLETE THE FOLLOWING**

CHECK ALL THAT APPLY TO YOU:

\_\_\_ EMT TEMPORARY PERMIT (CERTIFICATION NUMBER AND EXPIRATION DATE) \_\_\_\_\_

\_\_\_ EMT - B (CERTIFICATION NUMBER AND EXPIRATION DATE) \_\_\_\_\_ / /

\_\_\_ EMT - D (CERTIFICATION NUMBER AND EXPIRATION DATE) \_\_\_\_\_ / /

\_\_\_ EMT - I (CERTIFICATION NUMBER AND EXPIRATION DATE) \_\_\_\_\_ / /

\_\_\_ EMT - P (CERTIFICATION NUMBER AND EXPIRATION DATE) \_\_\_\_\_ / /

\_\_\_ PROVISIONAL PARAMEDIC (DATE TESTED) \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ NATIONAL REGISTRY EMT CERTIFICATIONS (LEVEL, CERT. NO. AND EXP. DATE)

1. \_\_\_\_\_ / /

2. \_\_\_\_\_ / /

\_\_\_ ACLS CERTIFICATION (EXPIRES) \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ PALS CERTIFICATION (EXPIRES) \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ BTLS CERTIFICATION (EXPIRES) \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ PHTLS CERTIFICATION (EXPIRES) \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ CPR CERTIFICATION (EXPIRES) \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ CPR INSTRUCTOR CERTIFICATION (EXPIRES) \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ FIREFIGHTER (CIRCLE)    I    II    III

\_\_\_ NURSING CERT./LICENSE  
(CERTIFICATION NUMBER AND EXPIRATION DATE) \_\_\_\_\_ / /

\_\_\_ OTHER CERTIFICATES/LICENSES (LIST) \_\_\_\_\_ / / \_\_\_\_\_ / /

\_\_\_ DRIVERS LICENSE (NUMBER, CLASS, EXPIRATION DATE, STATE ISSUED, RESTRICTIONS AND ENDORSEMENTS)

\_\_\_\_\_

\_\_\_\_\_



**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

I CERTIFY THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY DISHONEST, UNTRUE, FALSE, INCOMPLETE, OR OMITTED INFORMATION WILL DISQUALIFY ME FROM CONSIDERATION AS AN EMPLOYEE, AND IF I AM HIRED WILL LEAD TO IMMEDIATE TERMINATION AS AN EMPLOYEE. I AGREE THAT **LJH AMBULANCE** WILL NOT BE HELD LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED FOR THAT REASON. I AUTHORIZE **LJH AMBULANCE** TO VERIFY THE INFORMATION I HAVE SUPPLIED AND TO CONDUCT ANY INVESTIGATION OF MY PERSONAL HISTORY AND/OR CREDIT AND FINANCIAL RECORDS, EMPLOYING, INVESTIGATIVE, OR CREDIT AGENCIES OR BUREAUS, WHICH HAVE INFORMATION ABOUT ME. I AUTHORIZE THE COMPANIES, SCHOOLS, AND PERSONS NAMED ABOVE TO GIVE ANY INFORMATION TO **LJH AMBULANCE** WHICH IS REQUESTED BY THEM REGARDING MY EMPLOYMENT, CHARACTER, AND/OR QUALIFICATIONS AND RELEASE AND HOLD HARMLESS ANY SAID COMPANIES, SCHOOLS, OR PERSONS FROM LIABILITY. I AUTHORIZE **LJH AMBULANCE** TO CONTACT ANY REFERENCE I HAVE CONTAINED HEREIN.

I UNDERSTAND THAT AS AN EMPLOYEE I AM AN "AT- WILL" EMPLOYEE. I HAVE NO CONTRACT WITH **LJH AMBULANCE**. I UNDERSTAND THAT BOTH I THE EMPLOYEE, AND **LJH AMBULANCE** ARE FREE TO TERMINATE THIS EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT CAUSE. THIS "AT - WILL" RELATIONSHIP CAN ONLY BE CHANGED IN WRITING AND SIGNED BY ME, THE EMPLOYEE, AND SIGNED BY **LJH AMBULANCE**. I FURTHER UNDERSTAND THAT MY OFFER OF EMPLOYMENT MAY BE CONDITIONED UPON THE RESULTS OF A PHYSICAL EXAMINATION AND A DRUG AND ALCOHOL EXAM.

IF **LJH AMBULANCE** EMPLOYS ME I AGREE THAT I WILL READ AND ABIDE BY THE **LJH AMBULANCE** POLICY AND PROCEDURE MANUAL. I FURTHER AGREE THAT IF I AM NOT ABLE TO CONFORM TO THE PHYSICAL REQUIREMENTS AS LISTED IN THE POLICY AND PROCEDURE MANUAL THAT EMPLOYMENT WITH **LJH AMBULANCE** SHALL END AND **LJH AMBULANCE** SHALL NOT BE HELD LIABLE FOR THIS ACTION.

I AUTHORIZE **LJH AMBULANCE** TO INVESTIGATE ANY LICENSES AND CERTIFICATES I HAVE LISTED HEREIN INCLUDING MY DRIVERS LICENSE. THIS IS A CONDITION OF EMPLOYMENT.

IN EXCHANGE FOR FURTHER CONSIDERATION OF POTENTIAL AND CONTINUED EMPLOYMENT BY **LJH AMBULANCE** I HEREBY AGREE TO SUBMIT TO INITIAL AND RANDOM BLOOD AND/OR URINE TESTING TO ASCERTAIN THE PRESENCE OR ABSENCE OF ALCOHOL OR CONTROLLED SUBSTANCES. I DIRECT THAT THE RESULTS OF SUCH TESTS BE FURNISHED TO **LJH AMBULANCE**. I FURTHER AGREE THAT, AT THE DISCRETION OF **LJH AMBULANCE** I MAY BE DENIED EMPLOYMENT OR EMPLOYMENT MAY BE TERMINATED IF SUCH TEST PRODUCES A POSITIVE INDICATION THAT ALCOHOL OR CONTROLLED SUBSTANCES ARE PRESENT IN MY BLOOD AND/OR URINE.

I DO NOT REQUEST TO BE SUPPLIED WITH A COPY OF THE TEST REPORT OR ANY INFORMATION ABOUT THE RESULTS OF SUCH TESTS IN CONSIDERATION FOR THE PROMISE OF **LJH AMBULANCE** THAT SUCH TEST RESULTS WILL BE KEPT CONFIDENTIAL AND WILL NOT BE DISCLOSED TO ANY OTHER PARTY EXCEPT AS MAY BE REQUIRED BY JUDICIAL PROCESS.

I UNDERSTAND THAT **LJH AMBULANCE** IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BASED UPON RACE, AGE, RELIGIOUS ORIENTATION, SEX OR ETHNIC ORIGIN.

I UNDERSTAND THAT THIS DOCUMENT IS MERELY AN APPLICATION FOR EMPLOYMENT AND THAT NO EMPLOYMENT OR EMPLOYMENT CONTRACT IS BEING OFFERED.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

