



AMBULANCE SERVICE



EMPLOYMENT APPLICATION

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:

HIGH SCHOOL:

ELEMENTRY SCHOOL:

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:

TELEPHONE NUMBER AND CONTACT PERSON: _____ - _____ - _____

ADDRESS:

EMPLOYMENT DATES: FROM ___/___/___ TO ___/___/___

WEEKLY PAY: START ___/___/___ FINISH ___/___/___

JOB TITLE AND DUTIES:

REASON FOR LEAVING:



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

