



Application for Employment

Last Name:	First Name:	Middle Name:
Street Address:		Apt/Lot #:
City & Zip:	Home Number:	Mobile Number:
Social Security Number:	Driver's License Number & State:	Driver's License Exp. Date:

How did you learn about our company? _____

Please read all instructions and complete the application as directed. Please furnish copies of all current certification cards as applicable.

Additional information such as a valid driver's license may be requested to complete the pre-employment process.

Statement of Employment Practices:

Amerimed EMS is an equal opportunity employer and will consider all applicants equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans with Disabilities Act. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Signed: _____

Date: _____

EDUCATION

High School: _____

Address: _____

Date Graduated: _____ or Date of GED: _____

College: _____

Address: _____

Area of Study: _____

Graduated? **Y** **N** (Circle one) Date Graduated: _____

Medical Training: _____

Address: _____

Area of Study: _____

Graduated? **Y** **N** (Circle one) Date Graduated: _____

If you did not graduate from high school and/or college please explain:

Are you planning to pursue further studies? **Y** **N** (Circle one)

If yes, please explain:

Do you have experience in mobile intensive care transports? **Y** **N** (Circle one)

Please list and explain any other school or specialized training:

LEVEL OF EMERGENCY MEDICAL TRAINING

Level:	Certification or License #:	Expires:
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Are you certified in the following? If yes, please list level, certification number, and expiration date

Specialty	Level	Certification Number	Expiration Date
BCLS			
ACLS			
PALS			
BTLS			
PHTLS			
PLS			
EMD			

Other Specialized EMS Training:

Additional information or comments you would like to share with us regarding education, specialized training and/or interests:

WORK HISTORY

Do you have a resume? **Y** **N** (Circle one)

If yes you may attach a copy to this application. Otherwise please complete the following:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Name of Employer _____
Address _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____
Dates Employed: From _____ To _____ Pay: _____ Hour Week Bi-Month Month
Reason for leaving? _____

Name of Employer _____
Address _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____
Dates Employed: From _____ To _____ Pay: _____ Hour Week Bi-Month Month
Reason for leaving? _____

Name of Employer _____
Address _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____
Dates Employed: From _____ To _____ Pay: _____ Hour Week Bi-Month Month
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Name of Employer _____
Address _____
City: _____ State: _____ Zip: _____ Phone: _____
Supervisor: _____
Dates Employed: From _____ To _____ Pay: _____ Hour Week Bi-Month Month
Reason for leaving? _____

REFERENCES

Give three references, not relatives, or former employers:

Name	Address	Phone	Occupation

SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous positions under another name please give that name(s) below: (For reference check purposes)

Name: _____ Company: _____

Name: _____ Company: _____

If you are presently employed, may we contact your current supervisor? **Y N** (Circle one)

Have you ever been fired or asked to resign from a previous employer? **Y N** (Circle one)

If yes, please explain: _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? **Y N** (Circle one)

If yes, please explain: _____

What languages do you speak fluently? _____

MILITARY

Have you ever served in the military? **Y N** (Circle one)

Service Branch: _____ Date entered: _____ Date Separated: _____

Final rank: _____

CREDIBILITY / RELIABILITY:

Are you willing and able to perform all of the tasks required by the job you are applying for? **Y N** (Circle one)

Will you abide by the safety rules of this company? **Y N** (Circle one)

Have you ever been disciplined for violating company safety rules or regulations? **Y N** (Circle one)

If yes, please explain: _____

Have you ever filed any type of fraudulent claim against any of your present or past employers? **Y N** (Circle one)

If yes, please explain: _____

How many days of work (or school) have you missed in the last two years? _____

How many times have you been late for work (or school) in the last two years? _____

