



NATIONAL REGISTRY			
PALS			
ACLS			
BTLS			
PHTLS			
OTHER: _____			

**WORK REQUIREMENTS AND GENERAL INFORMATION**

Can you provide proof, if hired, that you are eligible to work in the U.S.?  YES  NO

Do you have a valid Driver's License?  YES  NO      Class: \_\_\_\_\_

State Licensed issued? \_\_\_\_\_ Driver's License # \_\_\_\_\_

List all moving violations (convictions), accidents, suspensions or revocations of your driver's license in the last five years:

\_\_\_\_\_

Have you ever been charged with, convicted of, or plead guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended?  YES  NO

If YES, Explain: \_\_\_\_\_

*A conviction will not necessarily disqualify you from employment*

Have you ever been excluded or are currently excluded from participating in any federal health program such as Medicare or Medicaid?  YES  NO

If YES, Explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**  
(List last three employers or volunteer activities, starting with most recent)

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employers Telephone #: \_\_\_\_\_ May we contact?:  YES  NO

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employers Telephone #: \_\_\_\_\_ May we contact?:  YES  NO

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employers Telephone #: \_\_\_\_\_ May we contact?:  YES  NO

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**MILITARY:**

Branch of Service	Date Began	Date Ended	Rank/Duties	Date Discharged	Location

Explain any gaps in employment: \_\_\_\_\_

**PAST EMPLOYMENT**

Have you ever been:

- Disciplined or terminated for reckless driving?  YES  NO
- Placed on probation or terminated for excessive absenteeism?  YES  NO
- Disciplined or fired for insubordination?  YES  NO
- Disciplined or fire for violation of safety rules?  YES  NO
- Disciplined or fired for assault or fighting?  YES  NO
- Disciplined or fired for harassment?  YES  NO
- Disciplined or fired for patient abuse?  YES  NO
- Disciplined or fired for alcohol or drug related activity?  YES  NO

If you answered YES to any question above, please explain: \_\_\_\_\_

\_\_\_\_\_

*Answers of YES for any of the above questions will not necessarily disqualify you from employment*

EDUCATION AND TRAINING

**High school:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate?  YES  NO If not, highest grade completed: \_\_\_\_\_

Have you received your GED?  YES  NO

**College:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate?  YES  NO If not, highest grade completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

**Other College:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate?  YES  NO If not, highest grade completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

**Technical School:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate?  YES  NO If not, highest grade completed: \_\_\_\_\_

Certificate: \_\_\_\_\_ License: \_\_\_\_\_

Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

**Other School/Training:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate?  YES  NO If not, highest grade completed: \_\_\_\_\_

Certificate: \_\_\_\_\_ License: \_\_\_\_\_

Expires: \_\_\_\_\_ Expires: \_\_\_\_\_

Other: \_\_\_\_\_

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: \_\_\_\_\_

**EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):**

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application: \_\_\_\_\_

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

**REFERENCES**

List **THREE** persons, other than relatives, who have knowledge of your work experience and/or education:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years known: \_\_\_\_\_

Telephone number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years known: \_\_\_\_\_

Telephone number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years known: \_\_\_\_\_

Telephone number (including area code): \_\_\_\_\_

List TWO personal references that have known you for at least three years outside of work:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

How they know you: \_\_\_\_\_

Years known: \_\_\_\_\_

Telephone number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

How they know you: \_\_\_\_\_

Years known: \_\_\_\_\_

Telephone number (including area code): \_\_\_\_\_

**Acknowledgment**

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my employment, and I hereby give my consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the Company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the Company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my employment with the Company may be terminated.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_