



**Application for Employment**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_

Position desired: Dispatcher EMT AEMT Paramedic PHRN Date available: \_\_\_\_\_

Have you ever applied to Brownsville EMS before?  Yes  No

**Educational Background**

High School: \_\_\_\_\_ Did you graduate?  Yes  No

College/Technical School: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

**EMS Experience**

EMS Certification Level: \_\_\_\_\_ PA Certification Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Do you have National Registry:  Yes  No

**Current EMS Certifications (Check all that apply)**

HCP CPR  Expiration Date: \_\_\_\_\_

BTLS:  Expiration Date: \_\_\_\_\_

ACLS  Expiration Date: \_\_\_\_\_

PHTLS:  Expiration Date: \_\_\_\_\_

PALS  Expiration Date: \_\_\_\_\_

EVOC:  EMSVO:

Please Provide copies of all certifications

**Employment Experience**

**Current Employer:** \_\_\_\_\_ **Can we contact this employer?** \_\_\_Yes \_\_\_No

**Phone number:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Duties:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Duties:** \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Duties:** \_\_\_\_\_

**Paramedic applicants: Do you currently have medical command privileges?** \_\_\_Yes \_\_\_No

**Command Facility:** \_\_\_\_\_

**Medical Director:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**References**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

**Please list any additional skills or qualifications that you would like to bring to our attention:**

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

**Brownsville Service Inc.**  
**Certification and Release Statement**

By signing below, I certify that all facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, false statements on this application shall be grounds for immediate termination.

I authorize the investigation of all statements contained herein and the references contained, to give any and all information concerning my previous employment and another pertinent information available to the Brownsville Ambulance Service, Inc.

More specially, I authorize the Brownsville Ambulance Service, Inc. to obtain verification of my drivers license number, driver record and criminal history report from any law enforcement agency. I further release all parties involved in the investigation of these records from any and all liability for damages that arise in furnishing the same to you.

I authorize the Brownsville Ambulance Service, Inc. to with hold from wages that may be due me any debts incurred by me during the course of my employment, should my employment cease for any reason.

I understand and agree that, if hired, my employment is at will and is not for a definite period. Acceptance of employment does not constitute grounds for continuance of employment or a contract for further employment. If hired, my employment may be terminated with or without cause at any time by myself or Brownsville Ambulance Service, Inc., with or without prior notice.

I thoroughly understand that upon my first date of gainful employment starts a probationary period of 180 days. Performance reviews can cause my termination at the end of this period without any recourse from me.

I understand all of the above statement and agree to them:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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Brownsville Ambulance Service, Inc. is an equal opportunity employer and does not discriminate because of race, age, sex, religion, creed, national origin ancestry of non-job handicap.

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Office Use Only:

Date of Hire: \_\_\_\_\_

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