



Application for Employment

Date: _____

Name: _____ Phone: _____

Address: _____

Email Address: _____

Position desired: Dispatcher EMT AEMT Paramedic PHRN Full time: _____ Part time: _____

Date available to start: _____

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)

Please Provide copies of all certifications

HCP CPR Expiration Date: _____

BTLS: _____ Expiration Date: _____

ACLS Expiration Date: _____

PHTLS: _____ Expiration Date: _____

PALS Expiration Date: _____

EVOC: _____ EMSVO: _____

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 driver's 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 withhold 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: _____

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.

Office Use Only:

Date of Hire: _____

Start Date: _____