



Application for Employment

Essential Health Care Transport considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you at least 18 years of age? Yes / No Date Available to Start: \_\_\_\_\_

Are you willing to take an alcohol and drug screen? Yes / No

Hours Requested: Full Time / Part Time

How did you find out about this position? \_\_\_\_\_

Do you have any relatives or friends working at Essential? \_\_\_\_\_

If so please list: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

**POSITION INFORMATION**

Position(s) Applying For: \_\_\_\_\_

Have you ever worked for this organization? Yes / No

If yes, what dates and / or time frame

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

Reason(s) for leaving:

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

**CERTIFICATION INFORMATION**  
 (List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT-B / EMT-I AEMT / EMT-P (Circle One)			
National Registry			
PALS			
ACLS			
BTLS			
EMD			
CDL			
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: \_\_\_\_\_

Issued by what State? \_\_\_\_\_      Driver's License #: \_\_\_\_\_

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including but not limited to 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 you currently excluded from participating in any federal health program such as Medicare or Medicaid? Yes / No

If yes, explain:

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

Are you currently on any medications or prescribed medications at this time? Yes / No

If yes, what medications and what sickness or illness are those medications prescribed for:

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

Have you ever filed a workman's compensation claim? Yes / No

If yes, what was the injury and is the workman's compensation claim open or closed at this time:

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

**EMPLOYMENT HISTORY**  
(List employers starting with the most recent)

**I. Employer:** \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

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

Salary: \_\_\_\_\_

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

Salary: \_\_\_\_\_

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

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Employer's Telephone #: \_\_\_\_\_ May we contact? Yes / No

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

**II. Employer:** \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

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

Salary: \_\_\_\_\_

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

Salary: \_\_\_\_\_

Job Description (including duties and responsibilities):

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Employer's Telephone #: \_\_\_\_\_ May we contact? Yes / No

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

**EMPLOYMENT HISTORY**

**III. Employer:** \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_ May we contact? Yes / No

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

**MILITARY SERVICE:**

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 fired for violation of safety rules? Yes / No

Disciplined or fired for assault or fighting? Yes / No

Disciplined or fired for harassment? Yes / No

**REFERENCES**

(List three persons, other than relatives, who have knowledge of your work experience)

**Reference #1**

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

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

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

Years Known: \_\_\_\_\_

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

**Reference #2**

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

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

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

Years Known: \_\_\_\_\_

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

**Reference #3**

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

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

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

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 Essential Health Care Transport 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 myself or Essential Health Care Transport is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a 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 a 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 Essential Health Care Transport as a condition of my employment, and I hereby give my consent to the release of all information which Essential Health Care Transport 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 the company.

I hereby authorize the Essential Health Care Transport to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment including a criminal history / background check, driving history check, child abuse clearance check, and other such inquiries. I release Essential Health Care Transport 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 Essential Health Care Transport may be terminated.

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

Applicant's Printed Name: \_\_\_\_\_

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

