



# Employment Application

North County EMS, a division of Healthcare Innovations Inc., is an equal opportunity employer and does not discriminate against any applicant or employee based on race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, veteran status, or any other protected characteristic under applicable law. All employment decisions are made based on qualifications, merit, and business needs.

What is your current level of service?

EMT-B

EMT-A

Paramedic

Critical Care Paramedic

## Applicant Information:

\_\_\_\_\_  
Last Name First Name M.I. Maiden Name or Alias

\_\_\_\_\_  
Current Address City State Zip Code

\_\_\_\_\_  
Social Security Number Drivers License Number State E-mail Address

\_\_\_\_\_  
Primary Phone Number Secondary Phone Number

\_\_\_\_\_  
AZ DHS Certification # Expiration National Registry # (If Applicable) Expiration

\_\_\_\_\_  
What year were you first certificated ? What state were you first certificated ?

Are you 21 years of age or older ?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Are you legally allowed to work in the United States ?

Have you ever been previously employed by North County EMS or Healthcare Innovations ?

If 'Yes', Please provide reason(s) for leaving: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony ?

 

If Yes please explain: \_\_\_\_\_

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



## Emergency Service History

Please list any additional emergency services agencies with which you have been affiliated. This should include volunteer and paid/career positions not listed on the previous page. Be sure to provide as much detail as possible regarding contact information for these agencies ( complete mailing address and phone numbers). Attach additional pages if necessary or use back.

Name of Organization/Agency			From:	To:
			Dates of Affiliation/Employment	
Street Address	City	State	Zip Code	
( )				
Phone Number	Name of Supervisor			
Position	Pay	Reason for Leaving		
Name of Organization/Agency			From:	To:
			Dates of Affiliation/Employment	
Street Address	City	State	Zip Code	
( )				
Phone Number	Name of Supervisor			
Position	Pay	Reason for Leaving		
Name of Organization/Agency			From:	To:
			Dates of Affiliation/Employment	
Street Address	City	State	Zip Code	
( )				
Phone Number	Name of Supervisor			
Position	Pay	Reason for Leaving		

## Professional References

Please list at least three professional references not related to you. Be sure to provide complete addresses and phone numbers.

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Name	Relationship		
Street Address	City	State	Zip Code
( )			
Phone Number	E-Mail		

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Name	Relationship		
Street Address	City	State	Zip Code
( )			
Phone Number	E-Mail		

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Name	Relationship		
Street Address	City	State	Zip Code
( )			
Phone Number	E-Mail		

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Name	Relationship		
Street Address	City	State	Zip Code
( )			
Phone Number	E-Mail		

**Please Read Very Carefully Before Signing**

I certify that all the information provided in this employment application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment or may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and authorize any person, school, current employer (unless otherwise indicated below), past employer, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if an offer of employment is extended, it will be contingent upon me successfully passing a pre-placement physical examination, including a urine drug screen, to determine my ability to perform the essential functions of the position for which I have applied. I consent to the release of any or all medical information as may be deemed necessary to make this judgment. I understand that I must complete all required prerequisites; including a pre-hire written and clinical exam before being offered a clinical position with North County EMS.

I further understand that any offer of employment will also be contingent upon the results of a AZ Department Of Public Safety Criminal Background Check, a Child Abuse History Clearance and a review of my Motor Vehicle Record ( separate forms will be utilized to obtain consent for these requests).

I understand that neither this application, any segment of the hiring process nor any subsequent offer of employment will constitute a contract of employment nor guarantee employment for any definite period of time. If hired, I understand that North County EMS maintains a policy of "Employment at Will" and that continued employment is based upon the mutual consent of employer and employee. Likewise, said employment may be terminated at any time by either the employer or the employee with or without notice.

My signature attests that I have read, understand, and agree to each of the above statements and conditions.

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Signature of Applicant

Date Signed

May we contact your current employer ?

Yes

No

Not employed

