



For Life Medical Education Services

“Take our lessons to heart...” 

Employment Application *(revised Feb 2022)*

Mission Statement:

It is the mission of For Life Medical Education Services, Incorporated and its founders and personnel to provide training and instruction in emergency response to all nature of First Responders, in both a courteous, honorable and professional manner.

Vision Statement:

Through ***Integrity***, our leaders and instructors foster the trust of those we education; Through ***Teamwork***, we build a network of tenured professional educators to train the next generation of reliable First Responders; Through ***Innovation***, we utilize and integrate the newest and most advanced tools and techniques available into our educational offerings; and Through ***Servant Leadership***, we teach our clients, candidates and team to go forth and serve the community, leading through serving others. Helping all we come into contact with to “take our lessons to heart...”

Core Values:

Safety – Creating a safety culture through education and in practice;

Respect – Honoring others in word and deed;

Teamwork – Fostering an environment where unity and cooperative effort are the attitude;

Responsibility and Accountability – It is okay to make mistakes; own up, but take action, make amends and move forward in an effort to become more professionally, personally and fiscally responsible... every endeavour, failed or successful, is an opportunity for growth;

Professionalism – Modeling the actions of Christ in all we do, serving and preparing to serve, at all times. This is the most professional act of all;

Empathy – Knowing that no matter the situation, we are never above it. Taking care of others and spreading love in both word and action;

Diversity – Great minds think alike, greater minds think differently... but the greatest minds work with those who think differently to achieve common goals;

Commitment – Buy-in to the vision of the organization, working to achieve a common goal and constantly, consistently evolving and growing as a team; through continued education, serving one another and love... and the greatest of these is love.

Prerequisites to employment -

An applicant must meet the following criteria prior to hiring:

1. An applicant must be 18 years or older at the time of completion of the application;
2. An applicant must be free of any felony convictions or a waiver must be issued by the Georgia Department of Human Resources;
3. An applicant must sign the Rules and Responsibilities agreement enclosed therein;
4. Applicant must complete the Substance Abuse/ Felony Form;
5. An applicant must provide a copy of their current valid State Driver's License/ State ID;
6. Proof of health insurance or sign a waiver;
7. Applicant must provide a letter from a physician stating good health or a current physical examination (less than 6 months);
8. Applicant must provide a completed immunization record;

First name _____ Middle Name _____ Last Name _____

Address _____

City/ State/ Zip Code _____

Telephone Number _____ Work Number _____

E-mail address _____

Social Security Number _____ DOB _____

T-Shirt Size - S / M / L / XL / XXL / 2XL / 3XL Polo Shirt Size - S / M / L / XL / XXL / 2XL / 3XL

Emergency contact information –

Contact name: _____

Relationship to you: _____

Telephone number: _____

Referral source/ Who referred you? _____

Have you ever been convicted of any crime, not including traffic violations?

Yes _____ No _____; If Yes, please describe:

Applicant employment history

Current employer: _____

Job duties: _____

Dates of employment: _____ to _____ / current

Applicant Education and Training: List training and attach copies of certificates

GED _____ Yes/ _____ No Diploma _____ Yes / _____ No

Advanced education (college, technical, vocational)

EMS courses or training, current certifications (attach copies to the pdf)

References –

1.

Name _____

Telephone _____

Relationship _____

2.

Name _____

Telephone _____

Relationship _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application or if attendance commences immediate termination.

I authorize For Life Medical Education Services to contact employers and educational organizations regarding my employment and education. I authorize my employers and educational organizations to fully and freely communicate information regarding my employment, attendance and grades. I authorize those persons designated as references to fully and freely communicate information regarding my employment and educational history.

I have carefully read and agree to the above listed statements and I understand and agree to its terms.

Applicant Signature

Print Name _____

Sign Name _____

Date _____

Prospective Employee Information Sheet

Student Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ DOB ____ / ____ / ____

Emergency Contact Information

Name _____

Relation _____ Telephone _____

Family Physician _____

Address _____ Telephone _____

List hospital preference _____

Major medical problems

Current medications (over-the-counter and prescription)

Substance/ Drug Abuse Statement

I, _____, do swear that I am not currently taking any illegal drugs or substances. I understand that I must not take any illegal/ illicit drugs during my employ nor should I consume any alcohol prior to any scheduled work time. I understand if I choose not to follow these guidelines I will be immediately removed from active status and suspended pending investigation, with penalties to be levied up to and including termination or legal action.

Date

Signature

Witness Signature

Instructor Signature

Felony Statement

By signing below, I am stating that I have never committed, nor have been charged with, nor investigated for, nor prosecuted for any felony offense in the State of Georgia or any other state. I fully understand that my failure to disclose this information regarding a felony record or investigation may result in my immediate dismissal from employment. I fully understand that to be employed with For Life Medical Education Services, Incorporated with a previous felony offense, I am required to obtain written permission from the State Office of EMS and Trauma. Any felony or misdemeanor offense should be immediately brought to the attention of the Director of Education and Development and/ or Administrative Coordinator, to forward such information to the Georgia State Office of EMS and Trauma and/ or other licensing/ certification/ accrediting body for consideration of permission to continue instructing.

Candidate Printed Name

Candidate Signature

Date

Healthcare Information

Each candidate must provide proof of health/ accident insurance coverage at the beginning of the course or sign a notarized waiver of health insurance coverage. For Life Medical Education Services, Georgia Office of EMS and Trauma Region IX and Department of Health and Human Services are not responsible for any injury, illness or healthcare costs that may be incurred or associated with practice, skills, clinical experiences or any other training through For Life Medical Education Services.

Insurance Information

Name _____

Insurance Provider _____

Policy# _____

Self Pay or responsible party _____

Contact Information _____

Emergency Contact _____

In preparation for working in the EMS/ First responder field, FLMES provides me the opportunity to acquire training and experiences. I, the undersigned, agree to indemnify, protect and hold harmless For Life Medical Education Services and its officers, directors, employee, agents and assignees from any and all liability judgements, claims, costs, damages or injury arising out of or in connection with any and all acts of negligent conduct on the part of the undersigned, however caused, during any instructional, clinical experience or training activities.

I agree that I will defend, at my own expense, any and all actions, lawsuits or proceedings which may be brought against for Life Medical Education Services in connection with the above and shall satisfy, pay and discharge any and all judgments that may be entered against FLMES, the Hospital or EMS agency in any such actions or proceedings.

By signing below, I agree to the statements listed above:

Name Date Witness Signature Date

Dress Code

FLMES has implemented a dress code/ uniform policy in accordance with EMS professional standards and appearance expectations. While in uniform, you are representing FLMES as well as your own professional image to potential future employers and to the public.

All employees must adhere to the FLMES dress code effective February 25, 2018:

Classroom attire:

- Designated (supplied) Polo Shirt
- Long EMS-style Pants
- Composite/ Steel-Toed boots

Daily office/ Meeting attire:

- Polo, Company Teeshirt or appropriate blouse
- Khaki pants/ business casual pants/skirts or dresses (no yoga pants, stretch pants)
- Closed toed shoes (no sandals, flip-flops or excessively high heels)

By signing below, I agree to the statements listed above:

| | | | |
|------|------|-------------------|------|
| Name | Date | Witness Signature | Date |
|------|------|-------------------|------|