

**PERSONAL**

Position Applied For:	Name: <i>Last</i>	<i>First</i>	<i>M.I.</i>	Social Security Number:
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Address: \_\_\_\_\_  
*Street & Number* *City* *State* *Zip*

Home Telephone #:( \_\_\_\_\_ ) Cell Phone #:( \_\_\_\_\_ )

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Status Applied For (Check All That Apply):

Part Time Any  
 Nights/Weekends  
 Full Time Monday-Friday  
 Other

Have you ever interviewed with Van's Med Tec? Yes No

Have you ever been employed with Van's Med Tec? Yes No

If YES, list date(s), job title, location: \_\_\_\_\_

Are you at least 18 years old? Yes No

Certification Level: EMT-Basic Enhanced EMT-I Paramedic Advanced First Aid First Responder  
 EMS Student EMT-Dispatcher CPR Other \_\_\_\_\_

**EDUCATION**

Circle highest grade completed:	High School:	9	10	11	12
	College:	1	2	3	4

School	Name	Major Studies
High School		
College/University		
Vocational, Business, Other		

List any memberships to emergency service organizations. Include volunteer and/or paid as well as fire services, communications, rescue, EMS, and hospitals: \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT HISTORY

List last three employers. Start with the most recent employer. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employed From:	Employer Name:	Contact Person:	Starting Wages:
Employed Until:	Employer Location:	Contact Phone #:	Ending Wages:
Job Title:		Reason for Leaving:	
Duties and Responsibilities:			

Employed From:	Employer Name:	Contact Person:	Starting Wages:
Employed Until:	Employer Location:	Contact Phone #:	Ending Wages:
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Duties and Responsibilities:			

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Duties and Responsibilities:			

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Employed Until:	Employer Location:	Contact Phone #:	Ending Wages:
Job Title:		Reason For Leaving:	
Duties and Responsibilities:			

Yes No May we contact your current employer for references?

Yes No If hired, will you be able and willing to work overtime?

Yes No Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?

Yes No Do you have any current medical problems that would limit you to perform the required job functions?

Yes No Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which have not been annulled or expunged by the courts? (A "yes" response does not automatically disqualify your application.)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

References		
Name	Address	Phone Number

Required Attachments		
The following must be attached to the Employment Application		
Copy of any certifications	Copy of current CPR certification	Copy of valid driver's license
Copy of current DMV record	Copy of EVOC or Defensive Driving	
The following <b>must</b> be submitted prior to employment:		
Copy of valid driver's license		
Criminal History Record (In VA, it usually takes a couple of weeks to receive)		

## Certification & Authorization

The above and attached information is true and correct. I understand that, in the event of my employment by Van's Med Tec Transport, LLC, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I hereby authorize Van's Med Tec Transport, LLC. to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position. I give my consent to any former employer to provide employment-related information about me to Van's Med Tec Transport, LLC, Inc, and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that nothing in this employment application, the granting of an interview or assessment or my subsequent employment with Van's Med Tec Transport, LLC is intended to create an employment contract between myself and Van's Med Tec Transport, LLC under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired; my employment will be terminable at will and may be terminated by me or Van's Med Tec Transport, LLC at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statement:

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

### Applications should be returned to:

**Van's Med Tec Transport  
Attn: Mandi Jones  
3611 Mt Cross Rd  
Danville, Virginia 24540**

### Refer questions regarding applications to:

**(434) 836-5252 or  
[mjones@vansmedtec.com](mailto:mjones@vansmedtec.com)**

**Van's Med Tec Transport, LLC is an equal opportunity, affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.**

**ATTACHMENT I**  
**BACKGROUND CHECK PERMISSION FOR PROSPECTIVE EMPLOYEE**

In connection with my application for employment with Van's Med Tec Transport, LLC, I hereby agree as follows:

**1. GENERAL CONSENT TO BACKGROUND INVESTIGATION**

As a condition of Van's Med Tec Transport, LLC consideration of my employment application, I give permission to Van's Med Tec Transport, LLC to investigate my personal and employment history. I understand that this background investigation may include, but not be limited to, verification of all information on my employment application.

**2. CONSENT TO CONTACT PAST EMPLOYERS**

I specifically give permission to Van's Med Tec Transport, LLC to contact all of my prior employers for references. I further give permission to all current or previous employers and/or managers to discuss my relevant personal and employment history with Van's Med Tec Transport, LLC. I consent to the release of such information orally or in writing. I also agree to release the current or previous employers from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of Van's Med Tec Transport, LLC. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers to Van's Med Tec Transport, LLC. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this Agreement.

**3. CONSENT TO CONTACT GOVERNMENT AGENCIES**

I further give Van's Med Tec Transport, LLC permission to receive a copy of any information obtained in the file of any federal, state, local court or governmental agency concerning or relating to me. I further consent to the release of such information and waive any right under law concerning notification of the request for a release of such information. In the event a law does not provide for prospective employers to have access to information, I hereby delegate Van's Med Tec Transport, LLC as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

**4. COOPERATION WITH INVESTIGATION**

I agree to fully cooperate in Van's Med Tec Transport, LLC background investigation and to sign any waivers or releases that may be necessary or desirable to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

**5. MISCELLANEOUS**

This Agreement represents the entire understanding relating to its subject matter. Van's Med Tec Transport, LLC shall be entitled fully to rely on this Agreement. I understand that I have no guarantee of employment and Van's Med Tec may determine not to hire me for any lawful reasons.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicants Printed Name*

**ATTACHMENT II**  
**DRUG-FREE WORKPLACE POLICY**

The following policy is required by the Drug-Free Workplace Act and complies with applicable laws concerning drug use in the workplace.

1. Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is our intent and obligation to provide a drug-free, healthy and safe work environment.
2. The unlawful distribution, manufacture, possession or use of a controlled substance on Van's Med-Tec's premises or while conducting the agency's business off its premises is absolutely prohibited. Violations of this policy will result in disciplinary action, up to and including immediate termination, and may have legal consequences.
3. Employees must report any conviction under a criminal drug statute for violations occurring on or off Van's Med-Tec's premises while conducting company business. A report of a conviction must be made within seven (7) days after the conviction.
4. Van's Med-Tec recognizes drug dependency as an illness and a major health problem. Van's Med-Tec also recognizes drug abuse as a potential health, safety and security problem. Employees needing help in dealing with such problems are encouraged to use an assistance program. Such programs may be offered through their health insurance. Conscientious efforts to seek help will not jeopardize any employee's job and will not be noted in any personnel record.

I have read, understand and agree to the Van's Med Tec Transport, LLC Drug-Free Workplace Policy:

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

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