



Columbia EMS

Employment Application

Personal Information

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____ State _____ Zip: _____

Phone (Day): _____ Phone (Night): _____

Cell: _____ Email: _____

Social Security Number: _____

Washington State Driver's License Number: _____

Please include any other names, including maiden name, which you have used or are known by:

Applying for the position of (please circle)

Paramedic

Emergency Medical Technician Basic

Emergency Medical Technician Intermediate

Emergency Medical Technician IV

Other: _____

Authorization to Work

Are you at least 18 years of age?	___ Yes ___ No
Are you legally authorized to work in the USA?	___ Yes ___ No
High School Diploma or GED?	___ Yes ___ No



Columbia EMS

Employment History

(Beginning with your current employment, list all jobs you have held in the past seven years,
Attach additional sheets if needed. Include volunteer experience.)

Name of Employer: _____

Address: _____
(Street) (City) (State) (Zip)

Description of Duties:

Employed From (MO/YR): _____ To (MO/YR): _____

Phone Number: _____ Email: _____

Supervisors Name: _____

Reason for Leaving:

Name of Employer: _____

Address: _____
(Street) (City) (State) (Zip)

Description of Duties:

Employed From (MO/YR): _____ To (MO/YR): _____

Phone Number: _____ Email: _____

Supervisors Name: _____

Reason for Leaving:



Professional References

(List four individuals who have knowledge of you and your qualifications for the position you are applying for)

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Occupation: _____

Phone Number: _____ Email: _____

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Occupation: _____

Phone Number: _____ Email: _____

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Occupation: _____

Phone Number: _____ Email: _____

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Occupation: _____

Phone Number: _____ Email: _____



Columbia EMS

Personal References:

(List three individuals who have knowledge of your character. Do not list relatives or professional references.)

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Relationship: _____

Phone Number: _____ Email: _____

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Relationship: _____

Phone Number: _____ Email: _____

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Relationship: _____

Phone Number: _____ Email: _____



Education

(Please list all education that you have received from High School to current)

High School: _____

Address: _____
(Street) (City) (State) (Zip)

Dates: _____ Graduated? _____
(Start) (Finished) (GED or Diploma)

College / University: _____

Address: _____
(Street) (City) (State) (Zip)

Dates: _____ Course of Study: _____
(Start) (Finished)

Graduated Y/N (circle one)

College / University: _____

Address: _____
(Street) (City) (State) (Zip)

Dates: _____ Course of Study: _____
(Start) (Finished)

Graduated Y/N (circle one)

College / University: _____

Address: _____
(Street) (City) (State) (Zip)

Dates: _____ Course of Study: _____
(Start) (Finished)

Graduated Y/N (circle one)



Columbia EMS

Professional Certifications and Licenses

(If you need more room please copy and attach to this page)

Name of Certification or License: _____

State: _____ License Number: _____ Expiration: _____

Name of Certification or License: _____

State: _____ License Number: _____ Expiration: _____

Name of Certification or License: _____

State: _____ License Number: _____ Expiration: _____

Name of Certification or License: _____

State: _____ License Number: _____ Expiration: _____

Name of Certification or License: _____

State: _____ License Number: _____ Expiration: _____

Name of Certification or License: _____

State: _____ License Number: _____ Expiration: _____

Name of Certification or License: _____

State: _____ License Number: _____ Expiration: _____

Name of Certification or License: _____

State: _____ License Number: _____ Expiration: _____

Please provide photocopies of your license(s) and include with your application



Columbia EMS

Legal Related Questions

(A yes answer to any of the following questions doesn't necessarily preclude a person from employment)

Have you had your driver's license suspended? ☐ Yes* ☐ No

Have you had your driver's license revoked? ☐ Yes* ☐ No

Have you ever been convicted of a criminal offense? ☐ Yes* ☐ No

Have you ever been sentenced to jail or prison? ☐ Yes* ☐ No

*If you have answered yes to any of the above questions, give a detailed explanation. Include additional sheets as necessary.

U.S. Military Record

Branch: _____ From: _____ To: _____

Current Affiliation: (please circle one)

None

Reserve (active status)

Reserve (inactive status)



Emergency Contact Information

(List three individuals that may be contacted in the event of an emergency)

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Relationship: _____

Phone: _____ Alternate Phone: _____

Email: _____

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Relationship: _____

Phone: _____ Alternate Phone: _____

Email: _____

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Relationship: _____

Phone: _____ Alternate Phone: _____

Email: _____



Columbia EMS

Certification of Application

In filling out this application, it is understood that an investigation may be made, whereby; information is obtained through personal interviews with third parties, such as current employers, previous employers, business associates, law enforcement, friends, family, neighbors, or others with whom you are acquainted. This inquire may include information as to your character, general reputation, and personal characteristics, whichever may be applicable. I also understand that if I am accepted, Protection-1 LLC will consider me an at will employee.

The information obtained will be used to determine if you will be considered for employment with Protection-1 LLC.

I certify that the answers given on this application are true and correct to the best of my knowledge and belief. I understand that if it is accepted, false statements or omission of facts on this application shall be considered sufficient cause for termination of employment with Protection-1 LLC.

I certify that I am able to perform all aspects of the job as described in the job description.

Signature: _____ Date: _____



Columbia EMS

Applicant Liability Waiver and Release Agreement

I am applying for employment with Protection-1 LLC. I acknowledge that no verbal or written promise or guarantee of any job or employment is made or implied by my participating in this testing process. Nor has any guarantee been made to any employees during this current take over.

I hereby consent to the taking of a written examination and a physical agility test. I understand that the written exam will be scored on a numerical scale. I also understand that the physical agility exam is a pass or fail score.

I understand I may be invited to participate in the physical agility exam only if my written examination score exceeds a score identified by Protection-1 LLC. I understand that I must successfully pass both the written exam and the physical agility test for my application and scores to be considered for the oral interview. I understand that only a certain number of applicants, regardless of their written examination score, will be invited to the physical agility test. If appropriate, I have notified Protection-1 LLC in writing of any reasonable accommodation required for me to fully participate in such written and or physical agility testing process. I understand that the physical agility tests are strenuous and hold the potential for serious injury. I acknowledge that I have willingly chosen to participate in this testing process.

In addition, prior to being accepted by Protection-1 LLC, I understand I may be required to submit to additional examinations, including but not limited to drug screening and or medical examinations.

Accordingly, on behalf of myself and my estate, I hereby release and hold harmless, Protection-1 LLC and any and all officers, agents, or employees of Protection-1 LLC to whom the test results will be applied or reported, from any and all loss, claim, liability, damage, cause of action, or cost of defense and or liability arising out of the testing process, including but not limited to death, physical injury or monetary loss of any kind or nature.

I promise to hold harmless and indemnify Protection-1 LLC from any and all loss, claim, liability, damage, cause of action or cost of defense and or liability arising out of the testing process, including the reasonable costs of defense by counsel of the entities choosing, PROVIDED, HOWEVER, this release and promise to indemnify shall not be interpreted to require me to release and hold harmless or indemnify any party from the consequences of an intentionally tortuous act which shall arise from or out of such process.

I sign this waiver and release willingly and of my own volition. I understand that by signing this form, I give up all rights whatsoever to recover damages arising out of the testing process.

Signature: _____ Date: _____

Print Name: _____

At Will Agreement

I understand as an employee of Protection-1 LLC that my employment is "At will". "At will" is defined as allowing either the Employee or Employer to terminate the agreement of employment at any time, for any reason permitted by law, with or without cause and with or without notice.

Signature: _____ Date: _____

Printed Name _____