



**A-1 Ambulance Inc.**  
**507 Centennial Ave.**  
**Butte, MT 59701**  
**EMERGENCY DIAL: 911**  
**(406)-723-3132**

Thank you for reaching out regarding employment with A-1 Ambulance Inc.! We hope you and our workplace are able to make a lasting relationship. Please complete this packet to be considered for employment. Please note, completion of this application does not guarantee employment, but rather makes you eligible for a position after administrative review and staffing needs.

We pride ourselves on being a long-time, family-owned business. We also pride ourselves on caring for our employees, and creating an energetic, upbeat, and professional workplace. We hire a variety of positions, including full time, part time and per-diem employment. Our shifts consist of a 911 response staff covering a day shift (7AM-3PM), afternoon shift (3PM-7PM), and graveyard shift (7PM-7AM); sporting event standbys, inter-facility transfers, etc. These positions can be regularly scheduled, yet flexible, and often sporadic, as the need for ambulance transport is not always planned. We offer competitive wages, benefits for full time employees, and in house continuing education.

Should you be interested in joining our team please fill out the attached employment application. We will conduct a brief and relaxed interview process, and if hired, appoint you to a training program to help develop your skills to best care for your community.

We hope that you plan to join us! If you have any questions about the process, please reach out to us using the contact information listed below! We look forward to you joining our team!!!

Professionally,

Riley J. Hash, B.S., NRP  
Logistics Chief/Education Director  
A-1 Ambulance Inc.  
507 Centennial Ave.  
Cell Phone: (406)-560-4724  
[rileyhash@a1ambulance.org](mailto:rileyhash@a1ambulance.org)

  
**AMBULANCE INC.**  
**EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE:( \_\_\_\_\_)-\_\_\_\_\_ EMAIL: \_\_\_\_\_  
SSN: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_  
ISSUING STATE: \_\_\_\_\_

**WORK AVAILABILITY**

POSITION APPLYING FOR:

FULL TIME       PART TIME       PER-DIEM       INTERFACILITY TRANSFERS

**AVAILABLE TO WORK:**

24 HOUR SHIFTS (0700-0700)       12 HOUR DAY SHIFTS (0700-1900)  
 12 HOUR NIGHT SHIFTS (1900-0700)       AFTERNOON SHIFT (1500-1900)  
 INTERFACILITY TRANSFER COVERAGE       EVENT STANDBY COVERAGE  
 MONDAY     TUESDAY     WEDNESDAY     THURSDAY     FRIDAY     SATURDAY     SUNDAY

AVAILABLE START DATE: \_\_\_\_\_

**APPLICATION INFORMATION**

POSITION APPLYING FOR: \_\_\_\_\_

DO YOU HAVE CURRENT MONTANA BOME ECP LICENSURE?

EMR       EMT       ENDORSED EMT       AEMT       PARAMEDIC       CC PARAMEDIC

REGISTERED NURSE     OTHER: \_\_\_\_\_ LICENSURE # & EXPIRATION: \_\_\_\_\_

PLEASE LIST ENDORSEMENTS:

**OTHER INFORMATION**

DO YOU HAVE ANY FELONY OR MISDEMEANOR CONVICTIONS?       YES       NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS THAT WOULD PREVENT YOU FROM REGULAR, HIGH DEMAND, PHYSICAL WORK? MEDICAL CONDITIONS LEADING TO DRUG DEPENDENCE?       YES     NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

  
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DO YOU WISH TO DISCLOSE AN ADA DISABILITY?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER APPLIED FOR OR WORKED FOR A-1 AMBULANCE BEFORE?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

MAY WE CONTACT YOUR CURRENT EMPLOYER?  YES  NO

ARE YOU A VETERAN OF THE US MILITARY?  YES  NO

HOW DID YOU FIND OUT ABOUT OUR OPENINGS? \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL ATTENDED: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_

DID YOU GRADUATE?  YES  NO

COLLEGE ATTENDED: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_

MAJOR: \_\_\_\_\_ DID YOU GRADUATE?  YES  NO YEARS ATTENDED: \_\_\_\_\_

*(IF NOT COMPLETED ABOVE):* EMS/EDUCATION TRAINING LOCATION: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

**EMPLOYMENT HISTORY**

COMPANY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ HOURLY RATE: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER?  YES  NO

COMPANY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ HOURLY RATE: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER?  YES  NO



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**EMPLOYMENT APPLICATION**

PLEASE LIST ANY TRAFFIC ACCIDENTS OR CITATIONS YOU HAVE BEEN INVOLVED IN OVER THE LAST FIVE (5) YEARS:

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**REFERENCES**

PLEASE LIST THREE (3) REFERENCES WHO ARE NON-RELATED OR PAST EMPLOYERS:

NAME: \_\_\_\_\_ PHONE:( \_\_\_\_\_)- \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE:( \_\_\_\_\_)- \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE:( \_\_\_\_\_)- \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ RELATION: \_\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ PHONE:( \_\_\_\_\_)- \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATION: \_\_\_\_\_

**OTHER INFO**

PLEASE LIST ANY OTHER PROFESSIONAL TRAINING, CIVIC ACTIVITIES, OR ORGANIZATION INVOLVEMENT RELEVANT TO YOUR POTENTIAL EMPLOYMENT:

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**ATTESTATION**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY A-1 AMBULANCE INC. (A-1) UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED, AS WELL AS ALL OTHER INDIVIDUALS WHOM A-1 CONTACTS, TO PROVIDE A-1 ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY OTHER PERTINENT INFORMATION THAT THEY MAY HAVE. FURTHER, I RELEASE ALL PARTIES AND PERSONS FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO A-1 AS WELL AS FROM THE USE OR DISCLOSURE OF SUCH INFORMATION BY A-1 OR ANY OF ITS REPRESENTATIVES. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OF EMPLOYMENT OR, IF HIRED, MY DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND STANDARDS OF A-1, AS AMENDED BY A-1 FROM TIME TO TIME IN ITS DISCRETION. I ALSO UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONDITIONED ON THE PROVISION OF SATISFACTORY COMPLETION OF FIELD TRAINING AND LICENSURE VERIFICATION.

**SIGNATURE OF APPLICANT:**

\_\_\_\_\_

DATE: \_\_\_\_\_

**REQUIRED DOCUMENTS TO BE ATTACHED TO APPLICATION:**

1. VALID DRIVER'S LICENSE
2. VALID MONTANA EMERGENCY CARE PROVIDER (ECP) LICENSURE -OR- VALID MONTANA NURSING/ADVANCED PRACTICIONER LICENSE
3. VALID BASIC LIFE SUPPORT (BLS) CERTIFICATION
4. RESUME

**DOCUMENTS TO BE ATTACHED IF POSSESSED:**

1. VALID NREMT CERTIFICATION
2. VALID BASIC LIFE SUPPORT (BLS) CERTIFICATION
3. VALID ADVANCED CARDIAC LIFE SUPPORT (ACLS) CERTIFICATION
4. VALID PEDIATRIC ADVANCED LIFE SUPPORT (PALS) CERTIFICATION
5. ANY OTHER RELEVANT CERTIFICATION



## **AMBULANCE INC.**

### **EMPLOYMENT APPLICATION**

**PLEASE SELECT THE BENEFITS BELOW YOU WOULD BE INTERESTED IN SHOULD YOU MEET THE APPROPRIATE REQUIREMENTS. IF HIRED, WE WILL DISCUSS THE REQUIREMENTS FOR THESE BENEFITS AND ANSWER ANY QUESTIONS YOU MAY HAVE.**

- HEALTH INSURANCE
- DENTAL INSURANCE
- VISION INSURANCE
- RETIREMENT PLAN
- EMS LICENSURE ADVANCEMENT SCHOLARSHIPS

**FOR ADMINISTRATIVE USE ONLY**

**COPIES OF CURRENT EMS LICENSURE ADDED TO FILE**

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• EMR _____</li> <li>• EMT _____</li> <li>• AEMT _____</li> <li>• PARAMEDIC _____</li> </ul> <p>Expiration: _____</p> <p>License #: _____</p> | <p>Licensure Endorsements:</p> <ul style="list-style-type: none"> <li>• Monitoring _____</li> <li>• IV/IO Initiation _____</li> <li>• IV/IO Maintenance _____</li> <li>• Airway _____</li> <li>• Medications _____</li> <li>• Naloxone _____</li> <li>• Critical Care _____</li> <li>• Lead Instructor _____</li> </ul> | <p>Certifications with expiration date:</p> <ul style="list-style-type: none"> <li>• ACLS _____</li> <li>• PALS _____</li> <li>• BLS _____</li> <li>• PHTLS _____</li> <li>• ATLS _____</li> <li>• ICS _____</li> <li>• CISM _____</li> </ul> |
|--|---|---|

**COPY OF DRIVER'S LICENSE**

- |                             |          |                     |
|-----------------------------|----------|---------------------|
| ADDED TO EMPLOYEE FILE:     | YES / NO | COMPLETED BY: _____ |
| ADDED TO INSURANCE RECORDS: | YES / NO | COMPLETED BY: _____ |

**HIPAA FORMS**

- |   |          |                     |
|---|----------|---------------------|
| SIGNED COPIES OF ALL HIPAA DOCUMENTATION: | YES / NO | COMPLETED BY: _____ |
|---|----------|---------------------|

**ACCOUNTS/LOGINS**

- |                                     |          |                     |
|-------------------------------------|----------|---------------------|
| • MONTANA DPHHS OPHI PORTAL:        | YES / NO | COMPLETED BY: _____ |
| • IMAGE TREND ELITE ACCESS:         | YES / NO | COMPLETED BY: _____ |
| • VECTOR SOLUTIONS ACCESS:          | YES / NO | COMPLETED BY: _____ |
| • FUEL PIN ASSIGNED:                | YES / NO | COMPLETED BY: _____ |
| • VECTOR CONTROLLED SUBSTANCES PIN: | YES / NO | COMPLETED BY: _____ |
| • NREMT AFFILIATION:                | YES / NO | COMPLETED BY: _____ |

**UNIFORM ISSUED**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• T-SHIRT: _____</li> <li>• POLO SHIRT: _____</li> <li>• SWEATSHIRT: _____</li> <li>• COAT: _____</li> <li>• REFLECTIVE COAT _____</li> </ul> | <p>Mark Size &amp; Quantity of Each</p> <p>Completed By: _____</p> |
| <ul style="list-style-type: none"> <li>• EMS PANTS TO BE ORDERED BY EMPLOYEE - 5.11 TACTICAL EMS PANT (OR SIMILAR BRAND), NAVY BLUE IN COLOR</li> </ul>                              |  |