A-1 AMBULANCE INC.

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.
Butte, MT 59701
Cell Phone: (406)-560-4724
rileyhash@a1ambulance.org

AMBULANCE INC.

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME: _____ DOB: _____ AGE: _____

ADDRESS: _____ CITY: _____ STATE:_____ 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) ☐8 HOURS DAY SHIFTS (0700-1500)

☐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 & NREMT # (IF APPLICABLE):

_____

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: _____

AMBULANCE INC.

EMPLOYMENT APPLICATION

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

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

_____

_____

_____

REFERENCES

PLEASE LIST TWO (2) REFERENCES WHO ARE NON-RELATED OR PAST EMPLOYERS:

NAME: _____ PHONE:(_____)-_____

ADDRESS: _____

OCCUPATION: _____ RELATION: _____

NAME: _____ PHONE:(_____)-_____

ADDRESS: _____

OCCUPATION: _____ RELATION: _____

EMERGENCY CONTACTS

NAME: _____ PHONE:(_____)-_____

ADDRESS: _____

RELATION: _____

NAME: _____ PHONE:(_____)-_____

ADDRESS: _____

RELATION: _____

OTHER INFO

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

_____

_____

_____

_____

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

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

A-1 AMBULANCE INC.

EMPLOYMENT APPLICATION

FOR ADMINISTRATIVE USE ONLY

COPIES OF CURRENT EMS LICENSURE ADDED TO FILE

- EMR _____
- EMT _____
- AEMT _____
- PARAMEDIC _____
- RN _____

Expiration: _____

License #: _____

Licensure Endorsements:

- Monitoring _____
- IV/IO Initiation _____
- IV/IO Maintenance _____
- Airway _____
- Medications _____
- Naloxone _____
- Critical Care _____
- Lead Instructor _____
- CIH _____

Certifications with expiration date:

- NREMT _____
- ACLS _____
- PALS _____
- BLS _____
- PHTLS _____
- ATLS _____
- ICS _____
- CISM _____

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

- IMAGE TREND ELITE ACCESS: YES / NO COMPLETED BY: _____
- VECTOR SOLUTIONS ACCESS: YES / NO COMPLETED BY: _____
- VECTOR CONTROLLED SUBSTANCES PIN: YES / NO COMPLETED BY: _____
- FUEL PIN ASSIGNED: YES / NO COMPLETED BY: _____
- NREMT AFFILIATION: YES / NO COMPLETED BY: _____

UNIFORM ISSUED

- T-SHIRT: _____
- POLO SHIRT: _____
- SWEATSHIRT: _____
- COAT: _____
- REFLECTIVE COAT _____

Mark Size & Quantity of Each

YES / NO Completed By: _____

- EMS PANTS TO BE ORDERED BY EMPLOYEE - 5.11 TACTICAL EMS PANT (OR SIMILAR BRAND), NAVY BLUE IN COLOR