



Application for Employment

Veterans Ambulance Service LLC considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

Veterans Ambulance Service LLC IS A DRUG-FREE WORKPLACE!

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)
Social Security Number: _____ - _____ - _____ TDL #: _____ Class: _____
Date Of Birth: _____ - _____ - _____ Email address: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone Number: _____ Other Phone: _____
Are you at least 18 years of age? YES/NO Date Available to Start: _____
Hours Requested (please circle) Full Time Part Time
Time Available: _____
Days of the week available: _____
How did you find out about this position? _____

Do you have any relatives or friends working here? _____
Please list: _____

POSITION INFORMATION

Position(s) Applying For: _____
Have you ever worked for this organization? _____ If so, date(s) _____
Prior position(s) here: _____
Reason(s) for leaving: _____



CERTIFICATION INFORMATION

(List only current certifications-photocopies required at interview)

Certification	Certification Number	Expiration Number	Certifying Agency
CPR			
EMT/EMT-P			
(Circle One)			
National Registry			
PALS			
BTLS			
EMD			
CDL			
Other: _____			



WORK REQUIREMENTS AND GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years:

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended?
YES NO

If yes, explain: _____

A conviction will not necessarily disqualify you from employment.

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain: _____



EMPLOYMENT HISTORY

(List your last three employers or volunteer activities, starting with the most recent)

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? YES NO

Reason for leaving : _____



Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? YES NO

Reason for leaving: _____



Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

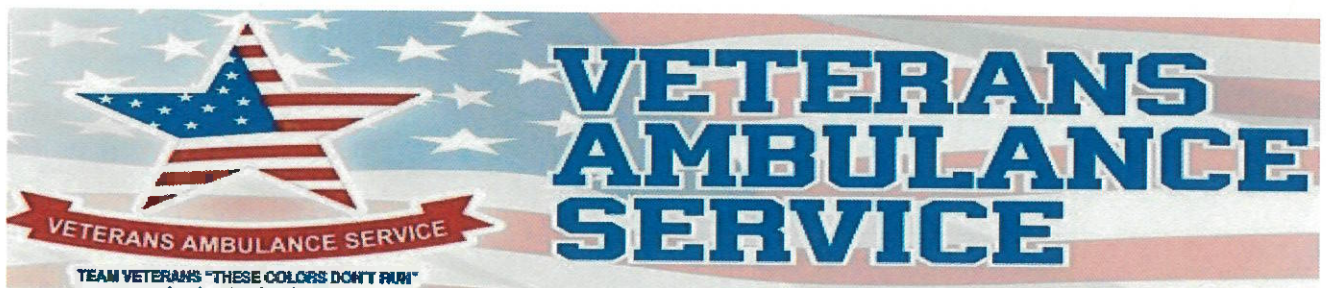
Employer's Telephone #: _____ May we contact? YES NO

Reason for leaving: _____

MILITARY:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment:



PAST EMPLOYMENT

Have you ever been:

Disciplined or terminated for reckless driving?	YES	NO
Placed on probation or terminated for excessive absenteeism?	YES	NO
Disciplined or fired for insubordination?	YES	NO
Disciplined or fired for violation of safety rules?	YES	NO
Disciplined or fired for assault or fighting?	YES	NO
Disciplined or fired for harassment?	YES	NO
Disciplined or fired for patient abuse?	YES	NO
Disciplined or fired for alcohol or drug related activity at work?	YES	NO

If you answered yes to any question above, please explain: _____

Answers of Yes for any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest grade completed: _____

Have you received your GED? YES NO



COLLEGE:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Degree: _____

Major: _____

OTHER COLLEGE:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Degree: _____

Major: _____

TECHNICAL SCHOOL:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Certificate: _____

License: _____

Expires: _____

Expires: _____

OTHER: _____

OTHER SCHOOL/TRAINING

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Expires: _____

Expires: _____

OTHER: _____

EMS/FIRE SERVICE-RELATED TRAINING NOT LISTED ABOVE: _____



EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

REFERENCES

List three persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____ **Address:** _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

Name: _____ **Address:** _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____



Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

List two personal references that have known you for at least three years outside work.

Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____



ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my employment, and I hereby give my consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the Company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the Company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with the Company may be terminated.

Applicant's Signature: _____

Date: _____

Printed Name: _____

Emergency Contact Information Form



This information will be extremely important in the event of an accident or medical emergency.

Please be sure to sign and date form

Name: _____

Last

First

MI

Home: _____ **Cell:** _____

Home Email Address: _____

Address: _____

Street

City

State

Zip Code

Primary Emergency Contact Name: _____

Last

First

Relationship: _____

Home: _____ **Cell:** _____ **Work:** _____

Preferred Local Hospital: _____

Insurance Information:

Company: _____ **Policy #:** _____

Comments (include any special medical or personal information you would want an emergency care provider to know - or special contact information:

Signature: _____ **Date:** _____