



South East Ambulance District Application for Employment

South East Ambulance District 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. South East Ambulance District is a DRUG FREE WORKPLACE.

PLEASE PRINT

Name: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Are you at least 18 years of age? YES NO Date Available to Start: _____

Hours Requested (please circle) Full Time Part Time

How did you find out about this position? _____

Home Phone _____ Other Phone: _____ Email _____

Date Available to Start: _____

Do you have any relatives or friends working here? YES NO

If YES please list: _____

Position(s) Applying For: _____

Have you ever worked for this organization? YES NO

If so, date(s) _____ Prior Position(s) _____

Reason(s) for leaving _____

Certifications	Certifications Number	Expiration Date	Issuing Agency
EMT/Paramedic			
Nation Registry			
CPR			
PALS			
ACLS			
ITLS			
EMD			
Other			

WORK REQUIREMENTS AND GENERAL INFORMATION

Do you have a valid Driver's License? YES NO Class: _____

Issued by what State? _____ Driver's License #: _____

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 Service

Branch Of Service	Date Began	Date Ended	Rank and Duty	Date of Discharged	Location

Explain any gaps in employment

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ **Address:** _____

Years completed: _____ **Did you graduate? YES NO**

Have you received your GED? YES NO If not, highest grade completed: _____

COLLEGE:

Name: _____ **Address:** _____

Years completed: _____ **Did you graduate? YES NO If not, highest year completed:** _____

Major: _____ **Degree:** _____

OTHER COLLEGE:

Name: _____ **Address:** _____

Years completed: _____ **Did you graduate? YES NO If not, highest year completed:** _____

TECHNICAL SCHOOL

Name: _____ **Address** _____

Years completed: _____ **If not, highest year completed:** _____

Did you graduate? YES NO

License: _____

Certificate: _____ **Expires:** _____

OTHER SCHOOL/TRAINING:

Name: _____ Address _____

Years completed: _____ If not, highest year completed: _____

Did you graduate? YES NO License: _____

Certificate: _____ Expires: _____

EMS/FIRE/PROFESSIONAL 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:

PAST EMPLOYMENT

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

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: _____

How they know you _____ Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

How they know you _____ 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: _____

Printed Name: _____

Date: _____