

*As an Equal Opportunity Employer, it is the policy of MedStar Ambulance, Inc. to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, marital status, military status, or unfavorable discharge from military service.*

Position You Are Applying For:		Date of Application
Name (Last, First, Middle Initial)		Social Security Number
Address (Street, City, State, Zip Code)		
Previous Address (if you have lived at the above address less than 12 months)		
Telephone Number Where You Can Be Reached	Are you legally authorized to accept employment in the United States? Proof will be required if employed.	

If employed, and you are under 18, can you furnish a work permit?	Do you have adequate means of transportation to get to work on time every day and when called in on short notice?
Have you been convicted of any criminal offense other than traffic violations?	
If yes, give date and detail of each conviction. (A conviction record is not an automatic ban to employment. The nature of the crime will be considered in relation to the position for which you are applying).	
Have you served in the Military?	If yes, please furnish a copy of your DD Form 214 with this application.

Date you can begin work	Will you accept Part Time work?	Will you accept Full Time work?
Can you work 1st Shift (7 am - 3 pm)?	Can you work 2nd shift (3 pm - 11 pm)?	Can you work 3rd shift (11 pm - 7 am)?
Can you work 24 hour shifts?	Will you work overtime whenever scheduled or requested?	Can you work weekends whenever scheduled or requested?
Shift(s) you prefer to work		

List any special skills, certifications or licenses you possess (medical, technical, clerical, mechanical, etc) which may be of benefit to our Company.

<p><i>Complete this section only if you are applying for an office position</i></p>	Typing, Approximate WPM	Shorthand, Approximate WPM
	Business machines you can operate	
	Special office skills you may possess	
	Long range occupational goals	



**NOTICE TO APPLICANTS AND EMPLOYEES**

Screening tests for illegal drug use may be required before hiring and during your employment here.

EDUCATION						
SCHOOL	SCHOOL NAME	WHERE LOCATED	FROM	TO	YEARS OF CREDIT	DEGREES
Grammar						
High School						
College						
Other						

EMPLOYMENT RECORD						
Employer Name/Address		From (Mo/Yr)	To (Mo/Yr)	Duties	Rate of Pay	Reason for leaving
Present Employer						
Last Employer						
Next to last employer						
One other employer						
One other employer						

Comments concerning lapses in employment, if applicable

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Have you ever been discharged from a job, or forced or asked to resign?

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Any comments you feel we should know when we contact your previous employer(s)?

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Are you fully able to properly perform all of the functions of the job for which you are applying, with or without accomodation?

PERSONAL REFERENCES				
Please list four individuals (not relatives or former employers) who can provide a personal reference				
	Name	Complete Address	Title/Position	Relationship
1				
2				
3				
4				

*Please complete this form completely and legibly in all applicable spaces. Applications will remain current/valid for one (1) year from date of last submission or valid update.*

Last Name	First Name	Middle Initial
Street Address		
City	State	Zip Code
Region 4 Supervisor-    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are You Currently an EMT Student?    Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, What level?		

Please attach copies of all licenses and certifications

CERTIFICATION	LEVEL/TYPE	CERTIFICATION NUMBER	EXPIRATION DATE
Drivers License, State:			
Illinois EMT License/ Paramedic			
National EMT Certificate/ Paramedic			
CPR ("C" Course)			
CPR / CPR Instructor			
Illinois ERT Certificate			
ACLS			
BTLS			
PALS			
ABLS			
EMD (Emer. Med. Dispatch) & certification letter			
Hepatitis-B Vaccination Series Date Series completed			
TB Skin Test Date of Series Completed			
Social Security Card			
Childhood Immunizations			
Other:			
Other:			

Signature \_\_\_\_\_

Date Completed \_\_\_\_\_

I hereby state that the information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I hereby authorize the individuals listed as personal references to release any personal information that may pertain to my work habits or work performance. I hereby authorize MedStar Ambulance, Inc. to conduct a check of my criminal and/or driving history. I agree that a photostatic copy of this authorization shall be considered to be as valid as the original when provided to any of the above stated persons, agencies, or organizations as verification of my authorization for the release of this information.

I understand and agree that any employee handbook(s) or other materials which I may receive or have access to will not constitute an employment contract, but will be merely a gratuitous statement of MedStar Ambulance, Inc.'s current policies. I also understand that these materials remain the sole property of MedStar Ambulance, Inc.

I understand that the Company may require applicants for employment to take a urinalysis or blood test for drug and/or alcohol screening as part of a pre-employment physical examination, and that any offer of employment with MedStar Ambulance, Inc. is conditioned upon the results of my physical examination (including urinalysis or blood tests for drug or alcohol screens) being satisfactory. I understand that if I am employed with MedStar Ambulance, Inc., the Company may require that I submit to a drug or alcohol screen if I apply for promotion, if I am involved in an on the job accident, or if the Company has a reasonable suspicion that I am under the influence of drugs and/or alcohol, and I hereby authorize the release of the results of any physical examinations or drug tests required herein to MedStar Ambulance, Inc. I further understand that the Company may inspect all lockers and any bags (including purses or briefcases) or parcels brought into or taken out of MedStar Ambulance, Inc. facilities, and that my refusal to submit to a urinalysis, blood test or search when requested to do so, may result in the termination of my employment.

I agree not to disclose any of the Company's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment, or after my employment with the Company is terminated for any reason. I further understand that all patient information and medical records are confidential and not to be disclosed to unauthorized individuals, or shared with others. I understand that violation of confidentiality policies and "Privacy Act" laws will subject me to termination and possible additional civil and/or criminal charges and penalties.

All right, title, and interest, including, without limitation, all copyright's and patents, in and to any material produced or inventions developed by me which affect or relate to the Company's business or related to the Emergency Medical Services industry shall vest in the Company and I shall have no personal right, title or interest whatsoever therein.

***I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY MEDSTAR AMBULANCE, INC. THAT MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR MEDSTAR AMBULANCE, INC. WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT WRITTEN NOTICE. I FURTHER UNDERSTAND THAT THE COMPANY'S ONLY OBLIGATION IS TO PAY WAGES OR SALARY EARNED BY ME TO THE DATE OF TERMINATION. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY THE PRESIDENT OF THE COMPANY AND MYSELF.***

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Applicant Signature

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Date