



Application Date: _____

PRE-EMPLOYMENT APPLICATION

Our company is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202, which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Personal

Phone # _____

Name _____ E-Mail: _____
Last First Middle

Present Address _____ City _____ State _____ Zip _____

Are You Over 18? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI? Yes No

If yes, state the offense, location, date and disposition _____

Who should be contacted in case of an emergency?

Name Relationship

Drivers License: State _____ Number _____ Type _____

Employment Desired

Are you seeking Full Time Part Time Temporary or summer employment

Position applied for _____ Desired pay _____

Date available to start _____

Have you ever applied to this company before? Yes No

If your answer to the above questions is Yes, state when and where you applied and/or worked.

How did you learn of our company and/or position? _____

Are you now or do you expect to be engaged in any other business employment? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No

Education

Name, Address, and Location	Dates	Graduate?	Courses Studied
High School	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
College	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
Other	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:

If you did not graduate, why did you leave high school or college? _____
 Are you planning to pursue further studies? Yes No If so, when, where, and what courses? _____

List any scholastic honors, offices held and activities involved in during high school and college _____

List and describe any other School or Specialized Training and current EMS System _____

Military

Have you ever served in the military? Yes No

Service Branch _____ Date Entered _____
 Date Separated _____ Final Rank _____

Were you separated from the service with any degree of disability? If so, what degree _____
 Are you a member of a reserve organization? Yes No

Health

Will you abide by the safety rules of this company? Yes No
 Are you willing to take a urinary drug screen at company expense? Yes No
 Are you willing to submit to random drug testing? Yes No
 Have you ever received treatment for alcohol or drug use? Yes No
 Have you used any illegal drug, including marijuana, in the last twelve (12) months? Yes No

General Work Experience

Check any of the following areas in which you have skill, training or experience:

- | | | |
|---|---|--|
| <input type="checkbox"/> Emergency Medical Technician | <input type="checkbox"/> Fire Fighter III | <input type="checkbox"/> PHTLS |
| <input type="checkbox"/> Paramedic, certification date: _____ | <input type="checkbox"/> Mechanic | <input type="checkbox"/> PALS |
| <input type="checkbox"/> Dispatching | <input type="checkbox"/> Driver | <input type="checkbox"/> Certified Diver |
| <input type="checkbox"/> Computers | <input type="checkbox"/> ACLS | <input type="checkbox"/> General Office |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> BTLS | <input type="checkbox"/> Management Experience |
| <input type="checkbox"/> Fire Fighter II, certification date: _____ | <input type="checkbox"/> CPR Instructor | <input type="checkbox"/> Haz Mat Training |

Work History

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Date Employed	
			From ____ ____	
Telephone	Nature of Business		To ____ ____	
Title		Reason for Leaving		
Duties				

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Date Employed	
			From ____ ____	
Telephone	Nature of Business		To ____ ____	
Title		Reason for Leaving		
Duties				

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Date Employed	
			From ____ ____	
Telephone	Nature of Business		To ____ ____	
Title		Reason for Leaving		
Duties				

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Date Employed	
			From ____ ____	
Telephone	Nature of Business		To ____ ____	
Title		Reason for Leaving		
Duties				

If you have ever worked in any of your positions under another name, please give that name

Are you presently employed?..... Yes No
 If yes, may we contact your present employer? Yes No

Use the space below to describe why you are interested in working for our company and list those skills and abilities that you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

References

Give three references, not relatives or former employers

Name	Phone	Occupation

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for my termination. I further agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made without reservations and agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to the company any information regarding treatment rendered now and in the future. I further understand that the taking of polygraph examinations and drug test are a condition of employment and refusal to take such test when asked will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contracts on behalf of the company without express written consent of the President.

Signature

Date

COMPANY USE ONLY

Interviewed By: _____ Date: _____

Interview Remarks:

For Office Use only	
Drug Test _____	MVR _____
Position _____	Test _____