



# EMPLOYMENT APPLICATION

BASIC INFORMATION			
DATE:	NAME: (FIRST, MIDDLE, LAST)		
STREET ADDRESS:		CITY:	STATE: ZIP:
PHONE: (    )	ALT. PHONE: (    )	E-MAIL ADDRESS:	
REFERRAL SOURCE			
<input type="checkbox"/> WALK IN <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> RELATIVE <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER _____			
■ IF REFERRED BY A CURRENT EMPLOYEE, PLEASE STATE NAME AND TITLE: _____			
■ IF REFERRED BY AN AGENCY, PLEASE STATE AGENCY NAME: _____			
POSITION DESIRED			
POSITION:		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
■ SOME POSITIONS MIGHT REQUIRE WORKING OVERTIME, WEEKENDS, EVENINGS, OR HOLIDAYS, IS THIS ACCEPTABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
MINIMUM PAY ACCEPTABLE: \$ _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR		DATE AVAILABLE:	
■ ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
■ ARE YOU AT LEAST 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
■ HAVE YOU EVER BEEN EMPLOYED BY EXPRESS AMBULANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
■ PLEASE LIST ANY RELATIVES IN OUR EMPLOY, AND RELATIONSHIP: _____			
■ DO YOU HAVE A CONTRACT OR AGREEMENT WITH ANOTHER COMPANY THAT MAY LIMIT YOUR ABILITY TO PERFORM WORK FOR EXPRESS AMBULANCE (E.G., A NON-COMPETE OR CONFIDENTIALITY AGREEMENT)? <input type="checkbox"/> YES <input type="checkbox"/> NO			



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SHIFT AVAILABILITY							
DAYS	M	T	W	TH	F	S	SU
TIME							

QUALIFICATIONS				
TYPE OF TRAINING	EXPIRATION DATE (IF ANY)	LEVEL	INSTRUCTING AGENCY (IF ANY)	CERTIFICATION # (IF ANY)
EMT				
FIREFIGHTER				
CPR				
OTHER				

PROFESSIONAL REFERENCES <i>(LIST 3 PEOPLE NOT RELATED TO YOU WHOM YOU'VE KNOWN MORE THAN ONE YEAR)</i>			
FULL NAME:	PHONE NUMBER:	YEARS KNOWN:	HOW YOU ARE AFFILIATED:
OCCUPATION/JOB:	EMAIL:		
COMPANY:			
FULL NAME:	PHONE NUMBER:	YEARS KNOWN:	HOW YOU ARE AFFILIATED:
OCCUPATION/JOB:	EMAIL:		
COMPANY:			
FULL NAME:	PHONE NUMBER:	YEARS KNOWN:	HOW YOU ARE AFFILIATED:
OCCUPATION/JOB:	EMAIL:		
COMPANY:			



# EMPLOYMENT APPLICATION

<b>EMPLOYMENT RECORD (PLEASE LIST EMPLOYERS FROM THE LAST 7 YEARS, MOST CURRENT FIRST)</b>				
COMPANY NAME:		SUPERVISOR'S NAME:		PHONE:
STREET ADDRESS:		CITY:	STATE:	ZIP:
JOB TITLE:	DATES OF EMPLOYMENT: FROM:                      TO:		REASON FOR LEAVING: <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY _____ _____	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
COMPANY NAME:		SUPERVISOR'S NAME:		PHONE:
STREET ADDRESS:		CITY:	STATE:	ZIP:
JOB TITLE:	DATES OF EMPLOYMENT: FROM:                      TO:		REASON FOR LEAVING: <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY _____ _____	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
COMPANY NAME:		SUPERVISOR'S NAME:		PHONE:
STREET ADDRESS:		CITY:	STATE:	ZIP:
JOB TITLE:	DATES OF EMPLOYMENT: FROM:                      TO:		REASON FOR LEAVING: <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY _____ _____	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT RECORD CONTINUED ON NEXT PAGE



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<b>EMPLOYMENT RECORD (PLEASE LIST EMPLOYERS FROM THE LAST 7 YEARS, MOST CURRENT FIRST)</b>			
COMPANY NAME:		SUPERVISOR'S NAME:	PHONE:
STREET ADDRESS:		CITY:	STATE: ZIP:
JOB TITLE:	DATES OF EMPLOYMENT: FROM: TO:	REASON FOR LEAVING: <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY _____ _____	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMPANY NAME:		SUPERVISOR'S NAME:	PHONE:
STREET ADDRESS:		CITY:	STATE: ZIP:
JOB TITLE:	DATES OF EMPLOYMENT: FROM: TO:	REASON FOR LEAVING: <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY _____ _____	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMPANY NAME:		SUPERVISOR'S NAME:	PHONE:
STREET ADDRESS:		CITY:	STATE: ZIP:
JOB TITLE:	DATES OF EMPLOYMENT: FROM: TO:	REASON FOR LEAVING: <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY _____ _____	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PLEASE PRINT AND ATTACH ADDITIONAL PAGE(S) IF NECESSARY



# EMPLOYMENT APPLICATION

EDUCATION – HIGH SCHOOL			
NAME:		LOCATION:	
LAST YEAR COMPLETED: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	GRADUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO HIGH SCHOOL DIPLOMA, DO YOU HAVE A GED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
EDUCATION – COLLEGE OR UNIVERSITY			
NAME:		LOCATION:	
LAST YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	GRADUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE/MAJOR:	
EDUCATION – GRADUATE SCHOOL			
NAME:		LOCATION:	
LAST YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2	GRADUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE/MAJOR:	
MILITARY EXPERIENCE			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
BRANCH:	RANK:	CURRENT STATUS:	MOS/RATE:
ADDITIONAL DETAILS			
PROFESSIONAL COURSES:			
SPECIAL SKILLS, TRADE, SPECIALIZED TRAINING, APPRENTICESHIP, EXTRACURRICULAR ACTIVITIES, ETC:			



# EMPLOYMENT APPLICATION

## ACKNOWLEDGEMENT OF UNDERSTANDING

- THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT OR DISCLOSED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSIONS OR FALSE OR MISLEADING STATEMENTS I MAKE IN CONNECTION WITH THE APPLICATION PROCESS MAY RESULT IN EXPRESS AMBULANCE DENYING ME EMPLOYMENT OR, IF I AM HIRED, TERMINATING MY EMPLOYMENT.
- I UNDERSTAND THAT, IF I AM OFFERED A JOB, EXPRESS AMBULANCE MAY OBTAIN A BACKGROUND CHECK TO EVALUATE MY APPLICATION AND ELIGIBILITY FOR EMPLOYMENT STATUS, TO DETERMINE MY ELIGIBILITY FOR CONTINUED EMPLOYMENT, PROMOTION OR REASSIGNMENT, OR AFTER AN ACCIDENT. THE VERIFICATIONS OR REPORTS THE COMPANY OBTAINS MAY INCLUDE VARIOUS TYPES OF INFORMATION ABOUT ME, SUCH AS A VERIFICATION OF MY SOCIAL SECURITY NUMBER; CURRENT AND PREVIOUS RESIDENCES; EMPLOYMENT AND EDUCATION HISTORY; PROFESSIONAL CERTIFICATIONS/LICENSES; CHARACTER REFERENCES; A CRIMINAL BACKGROUND CHECK; A MOTOR VEHICLE RECORDS CHECK, INCLUDING, BUT NOT LIMITED TO TRAFFIC CITATIONS AND VEHICLE REGISTRATIONS; CREDIT HISTORY; REPORTS FROM AGENCIES REGARDING WHETHER OR NOT I HAVE BEEN EXCLUDED FROM WORKING WITHIN THE HEALTHCARE INDUSTRY (OIG) OR WITH A FEDERAL CONTRACTOR OR SUBCONTRACTOR (EPLS); AND ANY OTHER INFORMATION THAT IS MAINTAINED IN A PUBLIC RECORD. THE REPORTS PROVIDED TO EXPRESS AMBULANCE WILL NOT CONTAIN MEDICAL INFORMATION.
- I FULLY UNDERSTAND THAT, IF OFFERED A POSITION WITH EXPRESS AMBULANCE, PRE-EMPLOYMENT DRUG TESTING WILL BE REQUIRED. SUCH TESTING WILL BE DONE AT AN OFFSITE LOCATION OF OUR CHOOSING. ONCE EMPLOYED, RANDOM DRUG TESTING AND TESTING FOR REASONABLE SUSPICION CAN BE ORDERED BY MANAGEMENT AT THEIR DISCRETION. EMPLOYEES INVOLVED IN AN ACCIDENT WHILE ON DUTY WILL ALSO BE SENT FOR POST-ACCIDENT DRUG TESTING AS IS REQUIRED BY LAW. EXPRESS AMBULANCE IS A DRUG FREE COMPANY. A POSITIVE RESULT, REFUSING TO SUBMIT TO A DRUG AND ALCOHOL TEST, OR TAMPERING WITH A TESTING SAMPLE WILL RESULT IN THE DENIAL AND/OR TERMINATION OF EMPLOYMENT.
- I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT EXTENDED BY EXPRESS AMBULANCE IS CONTINGENT UPON:
  1. PASSING A PRE-EMPLOYMENT DRUG AND ALCOHOL TEST;
  2. COMPLETION OF THE DISCLOSURE AND CONSENT FOR RELEASE OF INFORMATION FROM AUTHORIZING THE BACKGROUND/CONSUMER REPORT WITH SATISFACTORY RESULTS. (CERTAIN POSITIONS MAY HAVE ADDITIONAL PRE-EMPLOYMENT REQUIREMENTS, WHICH WILL BE DISCUSSED WITH YOU DURING THE APPLICATION PROCESS.)
- BY SIGNING BELOW I ACKNOWLEDGE THE INFORMATION HEREIN IS A TERM OF EMPLOYMENT AND RELEASE ANY FACILITY FROM ALL LIABILITY FOR DISCLOSING SUCH INFORMATION TO EXPRESS AMBULANCE.

\_\_\_\_\_  
APPLICANT NAME (PRINTED)

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

*EXPRESS AMBULANCE COMPANY AND ITS SUBSIDIARIES PROHIBIT DISCRIMINATION ON THE BASIS OF RACE, COLOR, GENDER, SEXUAL ORIENTATION, AGE, RELIGION, DISABILITY, VETERAN STATUS, OR NATIONAL ORIGIN AND WILL COMPLY WITH ALL FEDERAL AND STATE NON DISCRIMINATION, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION LAWS, ORDERS AND REGULATIONS.*