



# MedStar Ambulance Inc.

P.O.Box 296  
Sparta, Illinois 62286

## Employment Application

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.

### Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? Yes  No  If no, are you authorized to work in the U.S.? Yes  No

Have you ever worked for this company? Yes  No  If yes, when? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

Date you can begin work:	Will you accept part time work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you accept Full Time work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you work 1 <sup>st</sup> shift(7am–3pm)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you work 2 <sup>nd</sup> shift(3pm–11pm)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you work 3 <sup>rd</sup> shift(11pm-7am)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you work 24hr shifts? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you work overtime whenever scheduled or requested? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you work weekends whenever scheduled or requested? Yes <input type="checkbox"/> No <input type="checkbox"/>
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.

Complete this section only if you are applying for an office position.

Typing: Approximate WPM
Business machines you can operate.
Special office skills you may possess.

## References

*Please list three professional references.*

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

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 FTO    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are You Currently an EMT Student?    Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Where at?		

Certification	Level/Type	Certification Number	Expiration Date
Driver's License, State:			
Illinois EMT/Paramedic License			
National EMT Certificate/Paramedic			
CPR (BLS Provider)			
CPR/BLS Instructor			
ACLS			
ITLS/PHTLS			
PALS			
Hepatitis-B Vaccination Series Date Series Completed			
TB Skin Test Date of Series Complete			
Influenza Vaccine			
T-Dap			
MMR			
Childhood Immunizations			
Other:			
	Please attach copies of all licenses and certifications when submitting form		

## Disclaimer and Signature

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 or 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 copyrights 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.**

### **NOTICE:**

#### **THIS IS A DRUG FREE WORKPLACE**

Applicants and employees may be subject to screening tests for alcohol and illegal drugs. Screening may be required as a condition of hiring and during your employment.



Signature: \_\_\_\_\_

Date: \_\_\_\_\_