



The Industry Leader In Timely, Compassionate, and Reliable Transportation

## EMPLOYMENT APPLICATION

To help us learn about your experience, abilities and interests-  
please complete this Application for Employment as thoroughly as possible

### PERSONAL INFORMATION

NAME:	Social Security No.	Date Application Completed:
CURRENT ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Cell Phone Number:
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Date of Birth:
Can you, after employment, submit verification of your legal right to work in the United States? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	If hired, do you have a reliable means of transportation to get to work? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)		
Are you able to perform all of the tasks for the position you are applying for with or without an accommodation? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:		

## EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Hourly Rate Desired:
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever applied at Freestate Ambulance before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by Freestate Ambulance before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
How were you referred to Freestate Ambulance? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below)  Source: _____ Name of Employee _____		

## EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
High School				
College/University				
College/University				
Highest Degree Earned – Please attach a photocopy of either a school transcript or diploma.  (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.				
EMT or PCS Certification Number:	EMT or Paramedic:	PSC:		

## U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

## EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			May We Contact this Employer?
<b>Company Name</b>	Phone No.	Dates of Employment From (Mo/Yr) To (Mo/Yr)	<input type="checkbox"/> Yes <input type="checkbox"/> No  If No, please explain why.
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Base Rate of Pay Start                      Final	
Supervisor (Name & Title)			
Description of Job Duties			
<b>Company Name</b>	Phone No.	Dates of Employment From (Mo/Yr) To (Mo/Yr)	<input type="checkbox"/> Yes <input type="checkbox"/> No  If No, please explain why.
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Base Rate of Pay Start                      Final	
Supervisor (Name & Title)			
Description of Job Duties			
<b>Company Name</b>	Phone No.	Dates of Employment From (Mo/Yr) To (Mo/Yr)	<input type="checkbox"/> Yes <input type="checkbox"/> No  If No, please explain why.
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Base Rate of Pay Start                      Final	
Supervisor (Name & Title)			
Description of Job Duties			
<b>Company Name</b>	Phone No.	Dates of Employment From (Mo/Yr) To (Mo/Yr)	<input type="checkbox"/> Yes <input type="checkbox"/> No  If No, please explain why.
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Base Rate of Pay Start                      Final	
Supervisor (Name & Title)			
Description of Job Duties			

**REFERENCE DATA**  
**PROFESSIONAL/WORK REFERENCES WE MAY CONTACT**

Name	Address	Phone

**PRE-EMPLOYMENT CERTIFICATION**

I understand that this application is only valid for the position applied for at present and that Freestate Ambulance is not obligated to retain or consider this application for future openings.

\_\_\_\_\_  
 Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of any facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize Freestate Ambulance to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

\_\_\_\_\_  
 Initial

If employed by Freestate Ambulance, I will abide by Company policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

\_\_\_\_\_  
 Initial

If employed by Freestate Ambulance, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of Freestate Ambulance or myself. I understand that this is not an agreement for employment for any specific period of time, and that only the Company Executives of Freestate Ambulance have the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between me and the Freestate Ambulance.

\_\_\_\_\_  
 Initial

I understand that upon employment with Freestate Ambulance, I may be required to take a drug and/or alcohol test at a facility chosen by the employer. The results of this test will be forwarded directly to the Employer. If this test is positive, I understand that I will be given the opportunity to explain the results of this test. These test results may disqualify me for employment. I further understand that as a condition of my employment I am subject to further drug/alcohol tests at any time. Such testing may be required following a work related accident/injury or any other reason requested by an authorized manager of the Employer. Refusal to such testing at any time may result in the immediate termination of employment. The results of any testing will be forwarded directly to the Employer.

\_\_\_\_\_  
 Initial

I understand that as a condition of employment, I may be required to complete a Human Performance Evaluation at a facility chosen by the Employer.

\_\_\_\_\_  
 Initial

I understand that should my employment be terminated FOR ANY REASON prior to 180 days with Freestate Ambulance, the cost of the Human Performance Evaluation, Background Check, and Drug Screening will be deducted from my final paycheck. Should at any time be terminated for a positive drug/alcohol test, the cost will be deducted from my final paycheck.

\_\_\_\_\_  
 Initial

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Freestate Ambulance to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

**My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.**

**My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and Freestate Ambulance concerning the nature of my employment, if any, by the Freestate Ambulance and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Freestate Ambulance. I understand and agree that, except as noted above, no person who is either an agent or employee of the Freestate Ambulance may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

**FOR EMPLOYMENT DEPT. USE ONLY**

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date