

Position Preferences

For what position are you applying? _____

Salary desired: \$ _____ per _____ (specify hour, week or year)

Schedule desired: Full Time _____ Part Time _____ # of Hours Per Week _____

Would you work overtime? Yes ___ No ___

What date are you available to start work? _____

Would you travel if required by this position? Yes ___ % of Time _____ No _____

WORK REQUIREMENTS AND GENERAL INFORMATION

Please answer the following questions

1. Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO

2. Do you have a valid driver's license? YES NO

Current State _____ Driver's License Number _____

3. List all moving violations (*convictions*) and accidents in the last five (5) years:

4. Have you ever been convicted, pled guilty or no contest to a felony or misdemeanor, including a DUI / DWI or similar offense, had any moving violations, or had your license revoked or suspended? YES NO

(If "YES" please explain)

5. Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

(If "YES" please explain)

** A conviction will not necessarily disqualify you from employment.*

Record of Education

EDUCATION Did you graduate from High School? ___YES ___NO	IF "NO", circle the highest grade completed Grammar School 1 2 3 4 5 6 7 8 High School 9 10 11 12	Type of education (check one) Vocational _____ Technical _____ Academic _____ Other _____
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If you have a high school equivalency diploma, give State of issue _____

Complete this item if you have taken a course(s) in Business, Trade, EMS,
Armed Services, Correspondence or night school

Name of School	Subject	Did you successfully complete?

Complete this item if you have taken courses at a college or university.

Name of College or University	Major Subject	Approx. Semester Hours Credit	Degree or Certificate
Name of Graduate School	Major Subject	Approx. Semester Hours Credit	Degree Received

List any certificates earned or in progress, and/or any additional training programs not included in your formal education.

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

To expedite the processing of your application please provide:

- **Resume**
- **Copy of Pennsylvania EMT or Paramedic Certificate**
- **Current BCLS Provider Certification (CPR)**
- **Continuing Education Course documentation obtained within last 24 months**
- **Copy of Driver License**
- **Letter(s) of recommendation**

Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes ___ No ___

Previous Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes ___ No ___

Previous Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year *(circle one)*

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes _____ No _____

EMPLOYMENT WORK PERFORMANCE

Please answer the following questions

Have you ever been disciplined or terminated for the following:

- | | | |
|--|-----|----|
| 1. Excessive absenteeism? | YES | NO |
| 2. Insubordination? | YES | NO |
| 3. Violation of safety rules? | YES | NO |
| 4. Assault or fighting? | YES | NO |
| 5. Harassment? | YES | NO |
| 6. Patient abuse? | YES | NO |
| 7. Alcohol or drug related activity at work? | YES | NO |

(If "YES" please explain)

** Answers of "YES" for any of the above questions will not necessarily disqualify you from employment.*

Professional References

Name	Title	Company	Phone	Professional Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Releases and Applicant's Signature (please read)

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Healthfleet Ambulance and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form. I also have the right to obtain information as to the name, address, and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request. This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure motor vehicle reports at any time during my employment.

Initials

All hiring and employment at Healthfleet Ambulance is at will.

I understand this application is not an employment contract, nor can it be used to create one. Employment by Healthfleet Ambulance has no specific term and may be terminated by the employee or Healthfleet Ambulance with or without notice. I acknowledge that Healthfleet Ambulance has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Healthfleet Ambulance, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Healthfleet Ambulance agree to release and hold harmless Healthfleet Ambulance from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Healthfleet Ambulance may be terminated.

Applicant's Signature

Date

Applicant Release

Please submit a resume with this Employment Application.

In connection with my application for employment (*including contract for services*) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further I understand that the company will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug-screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (*such as blood or hair*) prior to employment and again at any time so requested. Specimens will be tested for both legal (*prescription drugs*) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the company as a condition of my employment, and hereby give my consent to the release of all information which the company deems necessary to determine my ability to perform job duties now or in the future.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Healthfleet Ambulance and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose:

Please Print Clearly:

Print Full Name: _____ Sex: Male Female

Print other name(s) you have used: _____

Date(s) used: _____

Date of Birth (mm/dd/yy): _____ Social Security #: _____

Current Driver's License #: _____ Issuing State: _____

Other Drivers License #s: _____ Issuing State: _____
(Last 7 years only)

Applicant's Signature

Date

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

- PRINT OR TYPE INFORMATION LEGIBLY
- COMPLETE **ALL** INFORMATION REQUESTED

*****NOTICE*****
THIS FORM MUST BE MAINTAINED IN THE OFFICE OF THE REQUESTER FOR TWO(2) YEARS AND IS SUBJECT TO DEPARTMENTAL AUDIT WITHOUT PRIOR NOTIFICATION.

A.	DRIVER INFORMATION		
	DRIVER NUMBER		
	_____ - _____ - _____		
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
	MONTH / DAY / YEAR		
	____ / ____ / ____	_____ - _____ - _____	
	NAME	TELEPHONE NUMBER	
		()	
	ADDRESS		
	CITY	STATE	ZIP CODE
B.	PURPOSE		
	PLEASE PROVIDE A BRIEF DESCRIPTION CONCERNING THE TYPE OF INFORMATION REQUIRED AND THE PURPOSE FOR WHICH IT WILL BE USED.		
	<u>Healthfleet Ambulance and its insurance carrier requires a valid and</u> <u>clear driving record to be eligible to operate any Healthfleet Ambulance</u> <u>vehicle.</u>		

C.	DRIVER RELEASE		
	I _____ hereby request the Pennsylvania Department <div style="text-align: center; margin-left: 100px;">Printed Name of Operator</div> of Transportation to furnish Healthfleet Ambulance information regarding my Pennsylvania Driving Record to be used for the purpose indicated in Section B above.		
	X _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Signature of operator Date </div>		