

LAKE JACKSON EMS Inc.

Employee Application

Lake Jackson EMS Inc. considers applications for employment without regard to race, color, religion, sex, national origin, age, disability or genetic information, veteran status, citizenship, ancestry, political belief, or any characteristic protected by law. **LAKE JACKSON EMS INC. IS A DRUG-FREE WORKPLACE.**

Type of Position Applied For:

Full Time ____ Part Time ____ PRN ____

Title of Position Applied For: _____

PERSONAL INFORMATION

NAME: (Last)_____ (First)_____ (Middle) _____

Social Security Number: _____ - ____ - _____

Address: _____

City: _____ State: _____ Zip _____

Primary Phone #: _____ Other Phone/Email: _____

Are you at least 18 years of age? (**Check One**) Yes ____ No ____

If you are not at least 18 years of age, a parent or legal guardian must sign this Application and, if you are still in high school, you must attach a work certificate and the parental permission slip to this Application.

How Did you Find out about Lake Jackson EMS Inc.? _____

Do you have any relatives or friends who work for Lake Jackson EMS Inc.? **(Please List)** _____

EMS EXPERIENCE

Have you ever been an employee or volunteer of Lake Jackson EMS Inc. in the past? If so, please indicate the dates of volunteering/employment and reason for leaving: _____

CERTIFICATION INFORMATION (LIST ONLY CURRENT CERTIFICATIONS-PHOTOCOPIES REQUIRED AT INTERVIEW)

CERTIFICATION	CERTIFICATION #	EXPIRATION DATE	CERTIFYING AGENCY
CPR			
EMT/EMT-I/EMT-P			
NATIONAL REGISTRY			
PALS			
ACLS			
ITLS			
PHTLS			
AMLS			
EMD			
OTHER: _____			

GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.?

(YES) _____ (NO) _____

Do you have a valid Driver's License?

(YES) _____ (NO) _____

Class: _____

Issued by what State? _____

Driver's License # _____

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years. For each violation, Describe the date of the conviction, and for each accident, describe the date, type of accident and if you were at fault: _____

Have you ever been excluded or are you currently excluded from participation in any federal or state health care program? (YES) _____ (NO) _____

If yes, please provide details (date, time, facts involved, current status, which program(s) and state if applicable): _____

EMPLOYMENT (AND EMS/FIRE VOLUNTEER) HISTORY

List your last three employers including EMS/Fire volunteer activities starting with the most recent.

1. Employer: _____
Job Title: _____ Supervisor: _____
Start Date: _____ Salary: _____
End Date: _____ Salary: _____
Job Description (including duties and responsibilities): _____

Employer's phone #: _____ May we contact? (YES) ___ (NO) ___
Reason for leaving: _____

2. Employer: _____
Job Title: _____ Supervisor: _____
Start Date: _____ Salary: _____
End Date: _____ Salary: _____
Job Description (including duties and responsibilities): _____

Employer's phone #: _____ May we contact? (YES) ___ (NO) ___
Reason for leaving: _____

3. Employer: _____
Job Title: _____ Supervisor: _____
Start Date: _____ Salary: _____
End Date: _____ Salary: _____
Job Description (including duties and responsibilities): _____

Employer's phone #: _____ May we contact? (YES) ___ (NO) ___
Reason for leaving: _____

MILITARY SERVICE

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK/DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment history: _____

PAST EMPLOYMENT/VOLUNTEER ACTIVITIES

As either an employee or volunteer, have you ever been:

- Disciplined or Terminated for driving-related reasons?
- Disciplined or Terminated for excessive absenteeism?
- Disciplined or Terminated for insubordination?
- Disciplined or Terminated for violation of safety rules?
- Disciplined or Terminated for assaulting or fighting?
- Disciplined or Terminated for harassment or discrimination?
- Disciplined or Terminated for your treatment of a patient?
- Disciplined or Terminated for alcohol or drug-related reasons?
- Disciplined or Terminated for any other reason not listed?

Y	N

If you answered yes to any question above, please explain: _____

Answer of yes for the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ Address: _____
Years Completed: _____
Did you graduate? (YES) _____ (NO) _____ highest grade completed: _____
Have you received your GED? (YES) _____ (NO) _____

COLLEGE:

Name: _____ Address: _____
Years Completed: _____
Did you graduate? (YES) _____ (NO) _____ highest year completed: _____
Degree: _____ Major: _____

OTHER COLLEGE:

Name: _____ Address: _____
Years Completed: _____
Did you graduate? (YES) _____ (NO) _____ highest year completed: _____
Degree: _____ Major: _____

TECHNICAL SCHOOL:

Name: _____ Address: _____
Years Completed: _____
Did you graduate? (YES) _____ (NO) _____ highest year completed: _____
Certificate: _____ License: _____
Expires: _____ Expires: _____

OTHER SCHOOL/TRAINING

Name: _____ Address: _____
Years Completed: _____
Did you graduate? (YES) _____ (NO) _____ highest year completed: _____
Certificate: _____ License: _____
Expires: _____ Expires: _____

OTHER: _____

EMS SERVICE RELATED TRAINING NOT LISTED: _____

EMS PROFESSIONAL AFFILIATIONS (other than listed under certifications): _____

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

What motivated you to apply for employment with Lake Jackson EMS? _____

REFERENCES

List **THREE** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____ Address: _____
Occupation: _____ Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
Occupation: _____ Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
Occupation: _____ Years Known: _____
Telephone Number (including area code): _____

List **TWO** personal references that have known you for at least three years outside of work.

Name: _____ Address: _____
How they know you: _____ Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
How they know you: _____ Years Known: _____
Telephone Number (including area code): _____

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for denial of employment or termination of employment if I become an employee. I Recognize that completion of this application does not mean that I will be accepted as an employee and does not obligate Lake Jackson EMS Inc. to accept me as an employee. Applications will remain active for six months, after which time re- application will be necessary. If accepted for employment, I agree to abide by all rules, regulations and policies established by Lake Jackson EMS Inc. and its managers and other persons in charge. I understand that, if accepted as an employee, my employment is at-will, which means either Lake Jackson EMS Inc. or I can terminate employment for any reason or no reason. This application is not an agreement or contract for employment. 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 duties of my then-current position with Lake Jackson EMS Inc.

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) after I am offered the position and prior to the start date of my position 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 Lake Jackson EMS Inc. as a condition of my employment, and I hereby give my consent to the release of all information which Lake Jackson EMS Inc. deems necessary to determine my ability to perform the essential duties of my position now or in the future. I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate termination of my employment with Lake Jackson EMS Inc.

I hereby authorize Lake Jackson EMS Inc. to investigate my employment/volunteer history with former employers and volunteer organizations and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, elder abuse clearance check, FBI background check, and other such inquires. I waive all rights to see or review the information so furnished. I agree to immediately notify (within 24 hours) Lake Jackson EMS Inc. if I learn that I am being excluded from participation in any federal or stated health care programs.

Applicant's Signature: _____ Date: _____

Printed Name: _____

Signature of Parent or legal guardian (if under 18):
