



Employment Application

Date of Birth _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Carrier:** _____ **Email:** _____

Social Security No.: _____ Desired Wage: \$ _____

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? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Position Applied for: _____ Date Available: _____

Education

High School: _____ Address: _____

From (Year): _____ to _____ Did you graduate? YES NO Diploma (Type): _____

College: _____ Address: _____

From (Year): _____ to _____ Did you graduate? YES NO Diploma (Type): _____

Other Education: _____ Address: _____

From (Year): _____ to _____ Did you graduate? YES NO Diploma (Type): _____

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: _____ Responsibilities: _____

Employed From: _____ to _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Reason for Leaving: _____

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

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

Employed From: _____ to _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Reason for Leaving: _____

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

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

Employed From: _____ to _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Reason for Leaving: _____

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

Military Service

Branch: _____ From: _____ To: _____

Type of Discharge: _____

If other than honorable, explain: _____

Rank at Discharge: _____

Uniforms

Please provide uniform sizes: Shirt: _____ Jacket: _____

Blue Tech pants, Black Belt, and Black Boots/Shoes are required however not included.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that I will be asked to complete a drug screening and background check prior to employment. I understand that refusal to do so will result in my release from this company.

I authorize HCEMS to investigate my previous employment history.

Signature:

Date:

Certifications

State of Indiana: EMR EMT-B EMT-A Paramedic CCP-C NATIONAL REGISTRY # _____
CPR PHTLS ITLS EVOC ACLS PALS AMLS NRP

PSID# _____

Please attach a copy of all certifications checked above.

Any other certifications related to position applying for? _____

Where was your training completed? _____

Does anyone have Legal Guardianship over you or, is legally allowed to make decisions for you? Yes No

Have you ever been disciplined or terminated for reckless driving? Yes No

Have you ever been disciplined for excessive absenteeism? Yes No

Have you ever been put on probation or terminated for not following safety protocols? Yes No

Have you ever been terminated or put on probation for harassment? Yes No

Have you ever been terminated or put on probation for patient abuse or mistreatment? Yes No

Have you ever been terminated or put on probation for drugs or alcohol? Yes No

Any Moving/Driving Violations? Yes No

If you answer yes to any of these questions please explain below: _____

VALID DRIVERS LICENSE? Yes No

Anything else you would like us to know in considering you for employment? _____
