



# Carolina Ambulance Specialty Transport Employment Application

## Applicant 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: \$ \_\_\_\_\_

Full Time   
  Part Time   
  PRN

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: \_\_\_\_\_

## References

*Please list three professional references. 1<sup>st</sup> Reference must include last Medical Director*

Full Name: \_\_\_\_\_ Relationship: **Medical Director**

System: \_\_\_\_\_ 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

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

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

## Military Service

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

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

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

## Driving Related Offenses and Criminal Record

Have you ever been convicted of a Driving Related Offense; DUI, DWI, Speeding, Careless or Reckless, Motor Vehicle Collision...or other? Have you ever been convicted of a crime (Misdemeanor or Felony)

YES NO

If yes, explain: \_\_\_\_\_

## Disclaimer and Signature

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge.

I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational, employment history and driving record. Carolina Ambulance Specialty Transport, INC, is a drug free environment. Pre-employment drug screening and background checks are performed on perspective employees. Employer does not unlawfully discriminate in employment and no question on this application is used for limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. This application is current for only 90 days, after this period it will be necessary to submit a new application if I still wish to be considered for employment. I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

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

### EMT Status:

Are you an EMT certified by the state of North Carolina?  Yes  No

What is your current level of certification?  EMT  EMT-I  EMT-P

What is the date of your certification? \_\_\_\_\_ Expiration of certification? \_\_\_\_\_ P# \_\_\_\_\_

**A copy of the following documents and certifications MUST be submitted along with this application. Failure to do so will be considered an incomplete application and will not be considered for employment.**

## REQUIRED DOCUMENTS AND CERTIFICATIONS

Valid North Carolina Driver's License  
Social Security Card  
Negative TB Test (PPD or Chest X-Ray) within the past 8 months  
Hepatitis B Vaccination, Series Initiation, or +Lab Titer  
MMR Vaccination  
Varicella Immunization or +Lab Titer

Tetanus Immunization within the past 10 years  
NC State Certification (Basic, Intermediate, Paramedic)  
CPR Card (All)  
ACLS (Medic)  
PALS/PEPP (Medic)  
ITLS/PHTLS (I and P)  
**ALL Con-ed for current cert period**

# Disclosure and Release

In connection with my application for employment (including contract for services) with Carolina Ambulance Specialty Transport, Inc.

I understand that; consumer reports, previous driving record including court actions, citations, license suspensions and revocations of credentials, which may contain public record information, may be requested and obtained.

## I AUTHORIZE WITHOUT RESERVATIONS, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I 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 serve as ongoing authorization for the organization named above to procure Motor Vehicle Reports at any time during the employment or contract period.

### Applicant Information

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

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*Street Address Apartment/Unit #*

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

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

Driver's License

State \_\_\_\_\_ # \_\_\_\_\_ SSN \_\_\_\_\_ SIGNATURE Must be original Signature