|  |  |
| --- | --- |
|  | **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: | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position Applied for: | Full Time | Part Time | PRN |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 crime? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## 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. 1St 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. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Driver’s License  State\_\_\_\_\_\_\_ | # | SSN |  | SIGNATURE |  |