

UPPER VALLEY AMBULANCE EMPLOYMENT APPLICATION

Upper Valley Ambulance Service ("UVA AMBULANCE SERVICE") 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. UVA AMBULANCE SERVICE IS A DRUG-FREE WORKPLACE.

Type of Position Applied For:

_____ Full-Time

_____ Part-Time

_____ Per Diem

Title of Position Applied For: _____

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Other Phone/Email: _____

Are you at least 18 years of age? YES NO Date Available to Start: _____

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 UVA AMBULANCE SERVICE? _____

Do you have any relatives or friends who work for UVA AMBULANCE SERVICE?

Please list: _____

EMS EXPERIENCE

Have you ever been an employee or volunteer of UVA AMBULANCE SERVICE or any other ambulance, fire company or public safety organization in the past? If so, indicate the name and location of the company, dates of volunteering/employment, and reason for leaving:

CERTIFICATION INFORMATION

(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT/EMT-P (Circle One)			
National Registry			
PALS			
ACLS			
ITLS			
PHTLS			
EMD			
CDL			
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 convicted, or pled guilty or no contest to any felony or misdemeanor, or had your driver's license or professional license or certification revoked or suspended? YES NO

If yes, explain: _____

A conviction will not necessarily disqualify you from employment.

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 (and EMS/fire volunteer activities), starting with the most recent.)

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

Employer's Telephone #: _____ May we contact? YES NO
Reason for leaving: _____

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

Employer's Telephone #: _____ May we contact? YES NO
Reason for leaving: _____

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

Employer's Telephone #: _____ May we contact? YES NO
Reason for leaving: _____

MILITARY:

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? YES NO
- Disciplined or terminated for excessive absenteeism? YES NO
- Disciplined or terminated for insubordination? YES NO
- Disciplined or terminated for violation of safety rules? YES NO
- Disciplined or terminated for assault or fighting? YES NO
- Disciplined or terminated for harassment or discrimination? YES NO
- Disciplined or terminated for your treatment of a patient? YES NO
- Disciplined or terminated for alcohol or drug-related reasons? YES NO
- Terminated for any other reason? YES NO

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

Answers of Yes for any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest grade completed: _____

Have you received your GED? YES NO

COLLEGE:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Degree: _____

Major: _____

OTHER COLLEGE:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Degree: _____

Major: _____

TECHNICAL SCHOOL:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Certificate: _____

License: _____

Expires: _____

Expires: _____

OTHER SCHOOL/TRAINING:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Certificate: _____

License: _____

Expires: _____

Expires: _____

OTHER: _____

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: _____

EMS/FIRE/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 UVA AMBULANCE SERVICE? _____

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 UVA Ambulance Service 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 UVA Ambulance Service and its managers and other persons in charge. I understand that, if accepted as an employee, my employment is at-will, which means either UVA Ambulance Service 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 UVA Ambulance Service.

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 UVA Ambulance Service as a condition of my employment, and I hereby give my consent to the release of all information which UVA Ambulance Service 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 UVA Ambulance Service.

I hereby authorize UVA Ambulance Service 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 inquiries. I release UVA Ambulance Service and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished. I agree to immediately notify (within 24 hours) UVA Ambulance Service of any instance in which I am arrested or convicted of any felony or misdemeanor

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my position with UVA Ambulance Service may be terminated. I agree to immediately notify (within 24 hours) UVA Ambulance Service if I learn that I am being excluded from participation in any federal or state health care programs.

Applicant's Signature: _____ Date: _____

Printed Name: _____ Signature
of Parent or Legal Guardian (if under 18): _____