

Employment Application

Date://			
Name:		SS#:	
Address:	Home Ph:		
City, State, ZIP:	Cell Ph:		
E-mail Address:			
Please circle desired position:	Paramedic	EMT Ambulette Driver	
Other:	F/T P/T	Number of hours desired:	
Desired starting salary:	_ per hour Date a	vailable to start://	
Please circle preferred location:	Cincinnati Day	ton Batavia Seaman Toledo	
Please circle <u>all</u> current Licenses	, Certifications and T	raining:	
Driver's License HLV	First Aid	CPR CEVO EMD	
State Registered EMT	Nationally Registe	ered EMT Paramedic	
Other:			
1. Are you currently employed?	If so, do yo	u plan on continuing that employment	
while working for First Care			
2. May we contact your current			
		d your off times may vary. Do you have	
other commitments that may	interfere with your sch	hedule? If yes, please explain:	
4. Have you worked for another	private medical trans	portation provider? If so, please	
provide company names and	dates of employment.		
5. Have you ever been convicted	l of a felony?	If yes, please explain:	
6. All potential employees must:	, , ,		

- pass a pre-employment drug and alcohol screening
- pass a TB test

- be free of any communicable diseases
- possess adequate audio and visual abilities
- pass driving criteria as outlined by our insurance carrier
- possess a satisfactory record from the Bureau of Criminal Identification
- pass post offer agility and lift tests

Are you aware of any limitations to the above requirements? _____ If yes, please explain:

7. Military status? (active, reserves, etc.)

Education	School	Area of Focus	Years Completed	Diploma or Degree?

Additional, relevant skills, training or qualifications: _____

Field Applicants Only

Certification Level	Certification Number	Certification Date	Certification Expiration	State/National

Please circle all certifications that you possess:

ACLS	PALS	BTLS	CPR	First Aid	PEPS
Other:					
Do you plan on receiving a higher level of training? If yes, please explain:					

Driver's License Information

DL Number	State	Endorsements	Expiration

Please list all citations or violations you have received in the past five years: _____

Name/City/State	Position	Dates	Salary/hour	Reason for leaving

Please explain any gaps in your employment history:

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if employed, false or omitted facts may result in my termination.

I authorize First Care to investigate and research all previous employers and all references. I release all parties from all liability for any damages that may occur as a result of furnishing valid information to First Care.

I understand and agree that my employment at First Care is an employment at will and that I can be terminated at any time, for any reason, without notice.

The information provided above is to assist First Care in the application and interview process. I understand that no offer of employment has been made and does not preclude me from the interview process or any other pre-employment or post-offer requirements.

Signature

Date

First Care is an equal opportunity employer. Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status or disability. Applications are considered active for 90 days.