

MED-Star Paramedic Ambulance Inc does not discriminate in hiring or employment on the basis of race, color, religion, national origin, qualifying disability, gender, age, height, weight or other legally protected characteristics as required by law. Although this application may be given consideration, its receipt does not imply that there are open positions or that the applicant will be employed. MED-Star Paramedic Ambulance Inc reserves its right to withdraw any offer of employment at any time, similarly, the applicant has the right to withdraw this application at any time. Please be sure that all of your answers on this application is complete, correct and truthful. You should understand that any omission of relevant information, any false or misleading statement, or any failure to disclose facts which, if known, might reflect unfavorably on this application, might result in dismissal even if you are employed. Please answer every question. You will not be considered as a candidate for a job with us until we have received this application fully completed and signed by you.

APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Name _____ SS# _____
LAST, FIRST, MIDDLE INITIAL

Date of Application _____

Driver's License No _____ State Issued _____

Address _____
NUMBER & STREET CITY STATE ZIP CODE

Telephone (____) _____ Alternate Phone Number (____) _____

E-mail Address: _____

Preferred Position(s): 1. _____

Referral Source: Associate Friend School Agency Advertisement Walk-in Other

Are you available to work Full-Time Part-Time PRN
Expected Rate of Pay \$ _____ per hr

Is there anything that restricts/prevents you from working any day/any shift/overtime? No Yes
If yes, please explain _____

Are you fully capable of performing all the essential functions of the job for which you are applying?
No Yes If no, please explain _____

Have you ever applied to or been employed by MED-Star Paramedic Ambulance Inc?
No Yes If yes, list dates _____

Do you have the legal right to work in the United States? Yes No
Are you 21 years old or older? Yes No

Are you currently employed? Yes No
Would you continue working if hired by MED-Star Paramedic Ambulance Inc.? Yes No

If you are now employed, why do you want to change your job? _____

How much time have you lost from work or school during each of the past two calendar years for reasons other than vacation & holidays?
Year # of Days _____ Year # of Days _____

Have you ever applied for workmen's compensation? No Yes If yes, list dates _____

Have you ever been fired, dismissed, asked to resign, resigned by mutual agreement or otherwise terminated from any job? No Yes If yes, explain _____

Have you ever been convicted of, or pled "No Contest" or "Guilty" to a crime? Yes No

Are you currently under indictment, arraignment or charged with a felony? Yes No

Have you had any driving accidents or been cited for any moving violations in the past three years?

No Yes _____

Has your driver's license ever been suspended, revoked, denied or canceled? Yes No

If yes, please explain _____

EDUCATION

Name & Location, Dates Attended, Course of Study, Graduate? List Diploma/Degree

High School _____

College _____

EMS School _____

Other _____

LIST ALL CERTIFICATIONS AND LICENSES YOU HAVE APPLICABLE TO POSITION

	Certification/License	State Cert/Lic. #	Date Received	Date Expires
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

For Office or Dispatch Position Please Provide Typing Speed: _____

Please list any skills, abilities, interests, hobbies, etc. which you feel may be an asset.

(Example: business machines, volunteer work, languages, data processing, clerical, etc.)

Are you planning to pursue or are you currently enrolled in any studies or courses? No Yes

If yes, when, where, what courses are you enrolled and what period of time? _____

EMPLOYMENT HISTORY

List below past & present employment beginning with your most recent; include employment with Life EMS & U.S. Military Service. Account for periods of unemployment of more than 30 consecutive days by listing "unemployed" under Employer and state the beginning and ending dates of your unemployment.

1 Employer _____

Telephone No (____) _____

Address _____

NUMBER & STREET CITY STATE ZIP CODE

Dates Employed From _____ To _____ Starting Wage _____ Final

Wage _____ Job Title _____

Supervisor's Name _____

Work Performed _____

Reason for Leaving _____

May we contact this employer? Yes No

2 Employer _____
Telephone No (_____) _____
Address _____
NUMBER & STREET CITY STATE ZIP CODE

Dates Employed From _____ To _____ Starting Wage _____ Final
Wage _____ Job Title _____
Supervisor's Name _____
Work Performed _____
Reason for Leaving _____
May we contact this employer? Yes No

3 Employer _____
Telephone No (_____) _____
Address _____
NUMBER & STREET CITY STATE ZIP CODE

Dates Employed From _____ To _____ Starting Wage _____ Final
Wage _____ Job Title _____
Supervisor's Name _____
Work Performed _____
Reason for Leaving _____
May we contact this employer? Yes No

4 Employer _____
Telephone No (_____) _____
Address _____
NUMBER & STREET CITY STATE ZIP CODE

Dates Employed From _____ To _____ Starting Wage _____ Final
Wage _____ Job Title _____
Supervisor's Name _____
Work Performed _____
Reason for Leaving _____
May we contact this employer? Yes No

PROFESSIONAL & WORK-RELATED REFERENCES

	Name	Relationship	Phone Number
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

**APPLICANT'S CERTIFICATION AND AGREEMENT
PLEASE READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF
EMPLOYMENT.**

1. **Certification of Truthfulness:** I represent that all my statements, in support of my Application for Employment, are true and complete. I understand and agree that if EMPLOYER, at any time, should determine that any requested information was withheld by me or any of my statements are false or misleading, I may be discharged.
2. **Employment at Will:** If hired by EMPLOYER, I agree to comply with all rules, regulations, policies, and communications directed to employees, including any changes made from time to time. I understand that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to EMPLOYER. I agree that EMPLOYER also may terminate my employment at any time with or without cause and with or without prior review, notice or warning.
3. **Limitations on Claims:** I agree that any lawsuit against EMPLOYER and/or its agents arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.
4. **Authorization to Work:** If I am selected for hire, I will be offered employment provided I certify and produce applicable documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
5. **Need For Accommodation:** If I, due to a physical or mental disability, require an accommodation to perform the job for which I may be selected, I understand that I must give EMPLOYER written notice of that need within 182 days after I know or reasonably should have known that an accommodation is needed. Failure to do so may bar me from alleging that EMPLOYER has not accommodated me as required by law.
6. **Drug Testing:** I agree to provide EMPLOYER with appropriate specimens to test for the presence of drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of these tests.
7. **Physical Exam and Release of Medical Information:** I understand that any job offer will be conditioned on passing a physical exam. I authorize every medical doctor, physician or other health care provider (HCP) to provide any and all information, including but not limited to medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I will cooperate in obtaining any additional authorization required by any HCP for release of any information. I hereby release every HCP and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability for disclosure made pursuant to my authorization. I understand that medical information will not be requested from me, my physician or other HCP until a job offer has been made.
8. **Disclosures:** I agree that the contents of any offices, work spaces, desks, computer and computer generated data, any EMPLOYER property I may be using, and any of my own property I bring onto EMPLOYER'S premises may be inspected by EMPLOYER at any time it determines there is reasonable cause to do so, and I waive and promise not to make any claims against EMPLOYER (or its employees or agents) relating to such inspection. I agree that, except as directed otherwise in writing by EMPLOYER, I will not disclose to anyone or use for my own purposes, any of EMPLOYER'S confidential or proprietary information, either during or after my employment. I understand and agree that client names and information, financial data, computer information and processes are confidential and proprietary information and I will not make written or other copies or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to EMPLOYER all material of any kind that I have relating to its business, including any such copies or notes. I agree that if any the above commitments by me is ever found to be legally unenforceable as written, the particular agreement concerned shall be limited to allow its enforcement as far as legally possible.
9. **Consideration for Employment:** I agree to the above terms of employment if I am employed by EMPLOYER. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a signed contract authorized by a written resolution of EMPLOYER, and that no person in EMPLOYER has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of EMPLOYER are subject to exception or change at any time as decided by EMPLOYER in its sole discretion. I understand that I may take this application form with me to submit at a later time if I choose to do so. I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this certification, and I have knowingly and voluntarily signed below. I acknowledge that I have read and understand the items listed in the Application for Employment, including this page.

Date _____ Name of Applicant _____

MED-Star PARAMEDIC AMBULANCE INC.

STATE OF CONFIDENTIALITY

This is a statement of Confidentiality to include but not limited to employees and third party members of MED-Star Paramedic Ambulance Inc.

It is the policy of MED-Star Paramedic Ambulance Inc. to respect the right to privacy of our patients, their families, members and third parties. It is our responsibility by law to protect these rights. ALL information contained in trip reports, medical records, employee files, computer files, electronic files, and any other personal information are to be held in strict confidentiality.

It is also the policy of this company the information pertaining to the daily business operations; the employees and family members of employees are to remain confidential. In the event information is found that could be detrimental to the business, employees and families of the employees, the information should be disclosed to the Business Office Manager and/or Operations Director and/or CEO of the company.

It is also the policy of this company the information in run reports is to remain confidential. Access to run reports is limited to crew members who were on the call, CEO, Operations Director, Medical Director, Business Office Manager, Training Officer and designees as set forth by the CEO.

All information is to remain in possession of MED-Star Paramedic Ambulance Inc and/or their designees. Files and information will only be transported or transmitted in/on approved disk files or electronic files in accordance to the policy as set forth by the South Dakota Department of Health.

IT IS THE EXPECTATION OF MED-STAR PARAMEDIC AMBULANCE INC THIS POLICY WILL BE UNDERSTOOD AND FOLLOWED BY EMPLOYEES, FAMILIES AND THIRD PARTY REPRESENTATIVES.

IT IS ALSO UNDERSTOOD THAT A VIOLATION OF THIS POLICY MAY RESULT IN DISCIPLINARY ACTION AND/OR TERMINATION.

I have read and understand the above statements.

Signature

Date

MED-Star Paramedic Representative

Title