



INTVW RECMD W/	H / R / O DOH
DATE/ TIME	POS/ RT

EMPLOYMENT APPLICATION

METRO AMBULANCE IS AN EQUAL OPPORTUNITY EMPLOYER AND SELECTS THE BEST INDIVIDUAL FOR THE JOB BASED UPON JOB RELATED QUALIFICATIONS, REGARDLESS OF RACE, COLOR, RELIGION, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, VETERAN STATUS, ANCESTRY, MARITAL STATUS, OR DISABILITY. METRO AMBULANCE WILL MAKE A REASONABLE ACCOMMODATION TO KNOWN PHYSICAL OR MENTAL LIMITATIONS OF A QUALIFIED APPLICANT OR EMPLOYEE WITH A DISABILITY, UNLESS THE ACCOMMODATION WILL IMPOSE AN UNDUE HARDSHIP ON THE OPERATION OF OUR BUSINESS.

PERSONAL:

NAME:(LAST)	(FIRST)	(MIDDLE)
ADDRESS:(STREET)	(CITY)	(STATE) (ZIP)
TELEPHONE:(HOUSE)	(CELL)	(OTHER)
EMAIL ADDRESS:	SOCIAL SECURITY NUMBER:	
ARE YOU OVER 18 YEARS OF AGE: <input type="checkbox"/> YES <input type="checkbox"/> NO (LAW PROHIBITS DISCRIMINATION AGAINST ANYONE AT LEAST 40+ YEARS OLD)		
HAVE YOU EVER APPLIED <input type="checkbox"/> OR BEEN EMPLOYED <input type="checkbox"/> AT METRO AMBULANCE BEFORE? CHECK APPROPRIATE BOX. <input type="checkbox"/> NO. IF YES, WHEN? POSITION?		
DO YOU HAVE ANY RELATIVES OR ACQUAINTANCES WORKING FOR METRO AMBULANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHOM?		

EDUCATION AND TRAINING:

TYPE OF SCHOOL	NAME	CITY, STATE	YEARS COMPLETED	DEGREE	COURSE/MAJOR
HIGH SCHOOL					
COLLEGE					
VOCATIONAL/ TECH					
OTHER					

POSITION YOU ARE APPLYING FOR:

POSITION TITLE:	SALARY REQUIREMENT:
HOW DID YOU LEARN OF POSITION?	WHEN CAN YOU START?
ARE YOU SEEKING FULL-TIME/ PART-TIME/ TEMPORARY EMPLOYMENT? HOURS/SHIFTS AVAILABLE?	

PLEASE READ AND COMPLETE CAREFULLY:

1	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN UNITED STATES?	YES	NO
2	HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM ANY JOB? IF YES, PLEASE LIST EMPLOYER, DATE, AND REASON BELOW.	YES	NO
3	HAVE YOU EVER BEEN REFUSED BOND FROM A BONDING COMPANY?	YES	NO
4	IS THERE ANY REASON THAT YOU COULD NOT ADEQUATELY PERFORM THE ESSENTIAL DUTIES OF THE JOB FOR WHICH YOU HAVE APPLIED?	YES	NO
5	HAVE YOU EVER BEEN EXCLUDED OR DEBARRED FROM PRACTICING WITHIN A FEDERAL HEALTHCARE PROGRAM? IF YES, LIST TERM AND REASON FROM EXCLUSION BELOW.	YES	NO

PLEASE COMPLETE THIS SECTION IF THE JOB FOR WHICH YOU ARE APPLYING MIGHT REQUIRE YOU TO DRIVE A COMPANY VEHICLE

6	DO YOU HAVE A VALID DRIVER'S LICENSE? IF YES, PLEASE LIST: STATE NUMBER EXPIRATION DATE TYPE/ ENDORSEMENT	YES	NO
7	HAVE YOU BEEN CITED FOR ANY MOVING VIOLATIONS IN THE LAST THREE YEARS?	YES	NO
8	HAVE YOU BEEN IN ANY ACCIDENTS IN THE LAST THREE YEARS?	YES	NO
9	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED, DENIED, OR CANCELLED?	YES	NO

EXPLAIN ALL "YES" ANSWERS BELOW (OTHER THAN #1 OR #6 ABOVE)

#	EXPLANATION AREA IF NEEDED:		
	HAVE YOU BEEN CONVICTED OF ANY CRIME? (INCLUDE ANY FINDING OR PLEA OF GUILT, NO CONTEST, NOLO CONTENDER, OR DEFERRAL. (EXCLUDE MINOR TRAFFIC OFFENSES) IF YES, GIVE ALL DATES, PLACES, CHARGES, AND DISPOSITION. CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT CONSIDERATION.	YES	NO

SIGNATURE:	DATE:
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LIST OTHER QUALIFICATIONS AND SKILLS:(LANGUAGES, TYPING, OFFICE MACHINES, COMPUTER SYSTEMS, ETC.)
 PLEASE LIST JOB RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG (YOU MAY OMIT THOSE WHICH MAY INDICATE RACE, COLOR, RELIGION, SEXUAL ORIENTATION, NATIONAL ORIGIN, GENDER, AGE, VETERAN STATUS, MARITAL STATUS OR DISABILITY)

EMPLOYMENT HISTORY: COMPLETE INFORMATION, INCLUDING CONTACT NUMBERS (THIS ASSISTS IN TIMELY VERIFICATION)

EMPLOYER	DATES EMPLOYED FROM TO	POSITION TITLE
ADDRESS	START BASE SALARY	RESPONSIBILITIES
CITY, STATE, ZIP	LAST BASE RATE	REASON FOR LEAVING
NAME OF SUPERVISOR	PHONE#	MAY WE CONTACT THEM

EMPLOYER	DATES EMPLOYED FROM TO	POSITION TITLE
ADDRESS	START BASE SALARY	RESPONSIBILITIES
CITY, STATE, ZIP	LAST BASE RATE	REASON FOR LEAVING
NAME OF SUPERVISOR	PHONE#	MAY WE CONTACT THEM

EMPLOYER	DATES EMPLOYED FROM TO	POSITION TITLE
ADDRESS	START BASE SALARY	RESPONSIBILITIES
CITY, STATE, ZIP	LAST BASE RATE	REASON FOR LEAVING
NAME OF SUPERVISOR	PHONE#	MAY WE CONTACT THEM

PROFESSIONAL / WORK-RELATED REFERENCES:

NAME	RELATIONSHIP	DAYTIME PHONE	EVENING PHONE	FAX PHONE

CERTIFICATIONS AND LICENSES HELD: (EMS APPLICANTS MUST COMPLETE THIS SECTION)

TYPE OF CERTIFICATION	NAME ON CERTIFICATION	ISSUED BY	CERTIFICATION NUMBER	DATE ISSUED	DATE EXPIRES
ECA / EMT-B/ EMT-I/ EMT-P/ LP					
BLS/CPR					
ACLS					
PALS/PEPP					
BTLS/PHTLS					
OTHER					
OTHER					
OTHER					

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING. I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY RESULT IN MY IMMEDIATE DISMISSAL IF DISCOVERED AT A LATER DATE. I UNDERSTAND THAT A CONSUMER REPORT MAY BE OBTAINED FOR EMPLOYMENT PURPOSES (INCLUDING CRIMINAL, EDUCATION, AND EMPLOYMENT BACKGROUND CHECKS) AS PART OF THE PRE-EMPLOYMENT INVESTIGATION AND AT ANY TIME DURING MY EMPLOYMENT. I UNDERSTAND THAT SHOULD THIS APPLICATION OR A CRIMINAL RECORD CHECK REVEAL A CONVICTION, FINDING OR PLEA OF GUILT, DEFERRAL, NO CONTEST OR NOLU CONTENDRE OF A CRIME, FURTHER PROCESSING OF THIS APPLICATION OR MY EMPLOYMENT, IF HIRED, MAY BE TERMINATED. IF I AM OFFERED EMPLOYMENT, I WILL, AS A CONDITION OF EMPLOYMENT, BE REQUIRED TO SUBMIT PROOF OF MY IDENTITY AND LEGAL RIGHT TO WORK IN THE UNITED STATES. I UNDERSTAND THAT I WILL BE REQUIRED TO PROCESS A CURRENT AND VALID DRIVER'S LICENSE IF MY JOB REQUIRES ME TO DRIVE IN THE COURSE OF MY WORK. I AUTHORIZE THE INVESTIGATION OF ANY OR ALL STATEMENTS CONTAINED IN THIS APPLICATION AND AUTHORIZE ANY PERSON, SCHOOL, CURRENT EMPLOYER (EXCEPT AS PREVIOUSLY NOTED), PAST EMPLOYERS AND ORGANIZATIONS FROM ANY LEGAL LIABILITY IN MAKING SUCH STATEMENTS. I HEREBY FULLY WAIVE ANY RIGHTS OR CLAIMS I HAVE AGAINST ALL CURRENT AND/OR FORMER EMPLOYERS, AND THEIR AGENTS, EMPLOYEES, AND REPRESENTATIVES AND DAMAGES THAT MAY DIRECTLY OR INDIRECTLY RESULT FROM THE USE, DISCLOSURE OR RELEASE OF ANY INFORMATION BY ANY PERSON OR PARTY, WHETHER SUCH INFORMATION IS FAVORABLE OR UNFAVORABLE TO ME. I FURTHER WAIVE ANY CLAIM AGAINST METRO AMBULANCE AND ANY OUTSIDE AGENCY UTILIZED BY METRO AMBULANCE AS A RESULT OF ANY INFORMATION THAT IS OBTAINED IN THIS INVESTIGATION. THIS APPLICATION IS SUBMITTED WITH THE UNDERSTANDING THAT UPON MY ACCEPTANCE OF A FORMAL EMPLOYMENT OFFER, I WILL BE REQUIRED TO SUCCESSFULLY PASS ANY PRE-EMPLOYMENT TESTING, WHICH MAY INCLUDE A DRUG AND ALCOHOL SCREEN AND POSSIBLY A PHYSICAL EXAMINATION TO ESTABLISH CAPABILITY. I CONSENT TO THE RELEASE OF ANY OR ALL MEDICAL INFORMATION AS MAY BE DEEMED NECESSARY TO JUDGE MY CAPABILITY TO DO THE WORK FOR WHICH I AM APPLYING FOR. I ALSO UNDERSTAND THAT ALL TRAINING MAY BE PAID AT MINIMAL WAGE RATE UNLESS OVER FORTY HOURS, WHICH WOULD BE PAID AT TIME AND A HALF. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF THE COMPANY OR MYSELF.

SIGNATURE:	DATE:
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APPLICANT EEO OR AFFIRMATIVE ACTION INFORMATION

IT IS THE POLICY OF METRO AMBULANCE TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY TO ALL QUALIFIED APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, AGE, ANCESTRY, SEXUAL ORIENTATION, VETERAN STATUS, MARITAL STATUS, OR DISABILITY. VARIOUS AGENCIES OF THE GOVERNMENT REQUIRE EMPLOYERS TO INVITE APPLICANTS TO IDENTIFY THEMSELVES AS INDICATED BELOW. COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

FULL LEGAL NAME:		POSITION APPLIED FOR: (LIST ONLY ONE)
GENDER: (CIRCLE ONE) MALE FEMALE	WHAT IS YOUR RACE/ ETHNIC ORIGIN? (SELECT ONE) <input type="checkbox"/> WHITE, NOT OF HISPANIC <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC OR LATINO	<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> TWO OR MORE RACES (NOT HISPANIC OR LATINO)
SIGNATURE:		DATE:

