

# Regional Paramedical Services

## **APPLICATION FOR EMPLOYMENT**

Regional Paramedical Services is an equal opportunity employer and will consider all applicants for all position equally without regard to their race, sex, age, color, religion, national origin, veteran status or disability which is not job-related. No question on this application is for the purpose of limiting or excluding an applicant's consideration for employment because of his/her race, color, religion, sex, national origin, veteran status, age, disability or any other condition protected by law.

This application will be given every consideration but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered and the applicant's signature has been provided on the last page.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Contact Number(s) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)  
 \_\_\_\_\_ (Cell) \_\_\_\_\_ (ID, etc.)

This job requires you to be 18 years of age or older? Yes No

Truck rider positions require by state law that you to lift 250 pounds with an assistant.

Are you aware of this requirement and is it within your ability? Yes No

**EMPLOYMENT DESIRED:**

Position applied for: \_\_\_\_\_ Specify Location: \_\_\_\_\_

Salary Desired \_\_\_\_\_

Are you seeking? Full-time Part-time Temporary Summer

Date Available to start? \_\_\_\_\_

Have you applied to RPS before? Yes No Month \_\_\_\_\_ Year \_\_\_\_\_

Have you ever worked for this company before? Yes No

If yes, When and Where? \_\_\_\_\_

How did you learn of our company and/or position? \_\_\_\_\_

*This job requires certain positions applied for (DRIVER, EMT-B, EMT-I, Paramedic) be licensed with the State of Alabama. This job also requires Driver's License verification for our "DRIVER" to operate company vehicles. (All Levels)*

Driver's License State \_\_\_\_\_ DL # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Currently Valid? Yes No

AL EMT # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Current CPR? Yes No

National Registry # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**SPECIAL SKILLS**

CREDENTIALIAED AL STATE	YES	NO	INTERHOSPITAL TRANSFER	YES	NO
ACLS	YES	NO	PALS / PEPP	YES	NO
BTLS	YES	NO	EVOC	YES	NO

*State Department of Public Health EMS Division requires a copy and verification of each licensure on file.*

**EDUCATION:** (optional)

Name, Address and Location	Dates	Graduate Yes/No	Courses
High School		Diploma: Yes	No
College		Diploma: Yes	No
Trade School		Diploma: Yes	No

If you did not graduate, why did you leave high school or college? \_\_\_\_\_

Are you planning to pursue further studies? Yes No If so when, where and what courses?

List any scholastic honors, offices held and activities involved in during high school and college:

List and describe any School or Specialized Training

Have you ever served in the military? Yes No  
Service Branch \_\_\_\_\_ Date Entered \_\_\_\_\_  
Date Separated \_\_\_\_\_ Final Rank \_\_\_\_\_

Have you ever filed any type of fraudulent claim against any of your employers? Yes No  
If yes, explain: \_\_\_\_\_

All employees are required to abide by the policies, procedures, and safety rules of the company.  
Is this acceptable? Yes No

Have you ever been disciplined/terminated for violation of company safety rules or regulations? Yes No  
If yes please explain: \_\_\_\_\_

This job requires you to be at work on time every day on a consistent basis. Is this acceptable? Yes No

Have you ever been convicted or pled guilty, no contest or nolo contendere to a criminal charge? Yes No

If yes, state the offenses, location, date and disposition.  
*Note: A Conviction will not necessarily disqualify you from employment.*

**SUPPLEMENTAL EMPLOYMENT INFORMATION**

If you worked in any of your previous positions under another name, please give that name: \_\_\_\_\_

Are you presently employed? Yes      No      If yes, may we contact your present employer? Yes      No

Have you ever been fired or asked to resign from a job? Yes      No      If yes, please explain

Are you now or do you expect to be engaged in any other business or employment? Yes      No

This job requires employees to work on different schedules 24 hours a day, 7 days a week.  
Are there any days or hours you would be unable or unwilling to work? Yes      No

If yes, list the days and hours: \_\_\_\_\_

This job may require travel and overtime.

Is there anything that would limit your ability to travel or work overtime? Yes      No

*Use this space below to describe why you are interested in working for Regional Paramedical Service and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space please continue on a separate sheet.*

**I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand if I am employed, any false, misleading or otherwise incorrect statements made on the application form or during interviews may be grounds for immediate discharge.**

**I hereby authorize Regional Paramedical Service to contact any company or individual it deems appropriate to investigate my employment history, check qualifications and I give my full and complete consent to their revealing any and all information they may wish as a result of this investigation. In addition I waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.**

**I understand that the taking of drug and alcohol test to be given pursuant to company policy are a condition of continual employment and interfering with or refusal to take such test when asked will be grounds for my immediate termination. I further understand that nobody in Regional Paramedical Services is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the Chief Executive Officer of the company. I also understand that my employment is "at will" and may be terminated by myself or by Regional Paramedical Service at any time for any reason or no reason at all, with or without prior notice.**

\_\_\_\_\_  
Signature of Applicant

# Regional Paramedical Services Reference Verification

Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ ID / Pager \_\_\_\_\_

## **Business Reference (2 Past Employers)**

(1) Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor \_\_\_\_\_ Date Employed \_\_\_\_\_ Left \_\_\_\_\_ /Presently

Hourly Wage \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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(2) Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor \_\_\_\_\_ Date Employed \_\_\_\_\_ Left \_\_\_\_\_ /Presently

Hourly Wage \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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## **Personal Reference (1)**

(1) Name \_\_\_\_\_ Phone # \_\_\_\_\_

Friend  Co-Worker  Supervisor  Other \_\_\_\_\_

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## **License Verifications**

AL DL # \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

State of AL EMT # \_\_\_\_\_ Expires Date \_\_\_\_\_

Credentialed  EVOC  CPR  ACLS  PALS  BTLS (will need a copy of all cards including SS for employee files)

I verify that the above information is true and correct and that I give my permission to have my information above checked for employment. I also give my permission to have a criminal history/background checked for employment with this company. I understand that if I am found to have falsified any references, licenses, or have a relevant criminal history, I will be subject to disciplinary action; which could include termination.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

# Regional Paramedical Services Investigation Consent

I, \_\_\_\_\_, hereby authorize Regional Paramedical Services and/or its agents to make an independent investigation of my background, references, character, past employment, education, motor vehicle records, criminal or policy records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for employment, which may include Urine Substance Abuse Testing.

I release Regional Paramedical Services and/or its agents and any person or entity, which provides information pursuant to this authorization form, any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

\_\_\_\_\_  
(print full name)

\_\_\_\_\_  
(maiden name or other names used)

\_\_\_\_\_  
(present address)

\_\_\_\_\_  
(how long?)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip code)

\_\_\_\_\_  
(former address)

\_\_\_\_\_  
(how long?)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip code)

\_\_\_\_\_  
(date of birth)

\_\_\_\_\_  
(social security number)

\_\_\_\_\_  
(driver's license number)

\_\_\_\_\_  
(state of license)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(date)