EMERGENCY AMBULANCE SERVICE, INC.

APPLICATION FOR EMPLOYMENT

Position Applied For:_____ Date of Application_____

Last Name	First Name	Middle Initial
Address	Street	
City	State	Zip
Home Phone ( )	Work Phone ( )	Other Phone ( )
Type of Employment Desired: ☐ Full Time ☐ PRN ☐ Temp		
Social Security Number		
Work History- List last employer.		

Employer Name	Summary of Duties
Address	
City, State, Zip	
Position	
Supervisor Phone	
Start Date End Date	
Final Pay Rate	
Reason For Leaving	

EDUCATIONAL INFORMATION

Name of School	#Years	Graduated?	Degree or Major
High School			
GED			
Collage			
Technical			

Certifications. If not applicable, Mark N/A.

Certification Level ☐ Paramedic ☐ EMT- I ☐ EMT-B ☐ Other ☐ None

Arkansas Certification #	EXP. DATE
National Registry #	EXP. DATE
AHA BLS Level C	EXP. DATE
Arkansas Driver's License #	EXP. DATE
ACLS	EXP. DATE
Other	
Other	

Due to requirements of vehicle insurance carriers, most employees (EMT-B &EMT-I) required to drive a company vehicle must be age 21 or older. Are you 21 years old or older? ☐ Yes ☐ No

Field Staff must be able to lift at least 100lbs. Do you have any disability which would prevent You from lifting 100lbs. ☐ Yes ☐ No

Date Available to work:

Salary Expected

REFERENCE AUTHORIZATION

May we contact your present employer? ☑ Yes ☐ No

May we contact your former employer? ☐ Yes ☐ No

I authorize Emergency Ambulance Service, Inc. or its agents to make inquiry of my employment history. Further, I authorize persons, schools, my current employer (if stated above) and previous employers named in this application to provide relevant information as may be requested for the purpose of making an employment decision.

_____ _____

Signature of Applicant Date