

KEYSTONE AMBULANCE SERVICE, INC

APPLICATION FOR EMPLOYMENT



KEYSTONE AMBULANCE SERVICE, 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. KEYSTONE AMBULANCE SERVICE, 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 are 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, may result in dismissal even if you are employed.

Please answer every question. You will not be considered as a candidate for employment with us until we have received this application fully completed and signed by you.

Keystone Ambulance Service Inc.

Volunteer/Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Social Security # _____ SD EMT Level.: _____ SD EMT number: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a misdemeanor including traffic related? YES NO If yes, explain _____

Have you ever been convicted of a felony? YES NO If yes, explain _____

Have you ever had your EMT suspended? YES NO If yes, explain _____

Have you ever had your Drivers License suspended or revoked? YES NO If yes, explain _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment/ Volunteer Experience

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Include a readable copy of: Driver's License, Social Security Card, CPR Card, Shots and Vaccines, Paramedic/EMT Licenses and/or Certifications, ACLS, PALS, PHTLS, EVOC, ICS 100, 200, 700, and Etc.

Signature: _____ Date: _____

Disclosure of Conditions and Background Research Release

Please read this section carefully. Your signature in the space below acknowledges your acceptance of the following conditions:

Consent To Conduct Background Investigation and Drivers License

As a condition of and in consideration for KEYSTONE AMBULANCE SERVICE, INC.'s consideration of this application, I give permission to KEYSTONE AMBULANCE SERVICE, INC. to investigate my personal, criminal, driver's license, and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with references and past employers. I further give permission to KEYSTONE AMBULANCE SERVICE, INC. to conduct this investigation to discuss the results of this investigation in connection with my application for employment.

Consent to Contact Past Employers

I give permission to KEYSTONE AMBULANCE SERVICE, INC. to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and / or managers or supervisors to discuss by relevant personal and employment history with KEYSTONE AMBULANCE SERVICE, INC., consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of KEYSTONE AMBULANCE SERVICE, INC. I further waive all rights I may have under state law to receive a copy of any written statement provided by my former employers to KEYSTONE AMBULANCE SERVICE, INC. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

Consent to Contact Government Agencies

I give permission to any agent, attorney or representative of KEYSTONE AMBULANCE SERVICE, INC. to receive a copy of any information obtained in a file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me... I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate KEYSTONE AMBULANCE SERVICE, INC. as my agent for receipt of information. I understand the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

Cooperation with Investigation

I agree to fully cooperate with KEYSTONE AMBULANCE SERVICE, INC's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

Consent for Drug and Alcohol Testing

I understand that any offer of employment made to me by KEYSTONE AMBULANCE SERVICE, INC. may be conditional upon my successful completion of testing for illegal drug and alcohol presence. I consent to providing an unadulterated sample of my test substance to the designated KEYSTONE AMBULANCE SERVICE, INC. testing provider for the purpose of testing for the presence of illegal or unauthorized substances in my system. I consent to allowing the results of all testing and screening to be communicated to the hiring officials of KEYSTONE AMBULANCE SERVICE, INC. and will become part of my record. In consideration of KEYSTONE AMBULANCE SERVICE, INC.'s review of my application, I hereby release any individual, entity, and KEYSTONE AMBULANCE SERVICE, INC. from all claims or liabilities that might arise from the drug test or the disclosure of the results.

Falsification Statement

I understand that any falsification or willful omission of fact made in the application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of KEYSTONE AMBULANCE SERVICE, INC., and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at the option of either KEYSTONE AMBULANCE SERVICE, INC. or myself, except as otherwise provided by law.

I certify that all of the statements made by me on this application for employment are true, correct and complete to the best of my knowledge. I understand that negative actions resulting from certain background information may entitle me a review of the data and a copy of the document "A summary of Your Rights Under the Fair Credit Reporting Act". I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time may result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____