

VERDE VALLEY AMBULANCE CO., INC.

Application for Employment

- ❖ All information obtained within this application will be held in strict confidence, subject to applicable law.
- ❖ Please complete all applicable sections and sign the last page.
- ❖ Please print clearly.
- ❖ ALL APPLICANTS MUST BE 21 YEARS OF AGE.

Date: _____ Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Mailing Address: _____ City _____

Zip Code: _____

Physical Address: _____

Social Security # _____

Are you legally entitled to work in the USA? _____

Proof will be required upon hire.

Position(s) applied for: _____

Date you are available for employment: _____

Have you ever worked for Verde Valley Ambulance Co., Inc. before? _____

If yes, when? _____

(Circle one) EMT IEMT CEP

EMS Certification # _____ EMS Certification expiration date: _____

CPR expiration date: _____ ACLS expiration date: _____

EDUCATIONAL BACKGROUND

Verde Valley Ambulance Co. Inc. has a company policy stating a minimum educational level of Grade 12 or equivalent for all positions, plus current AZ DHS EMS Certification, and a current CPR card.

EDUCATIONAL BACKGROUND – relevant to the position applied for.

Highest level of education completed: _____

Name of educational institute: _____

What machines or equipment have you operated, which relate to the position you have applied for? _____

Are there any skills, experience, or other qualifications which you feel would assist you in performing duties of the position you have applied for? _____

EMS Schooling: _____

EMS Experience: _____

Other EMS Occupations: _____

List below your last three employers, starting with the most recent.

Employer's Name: _____ Commencement date: _____

Departure Date: _____ Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties: _____

May we contact this employer? (If not, state brief reason): _____

Employer's Name: _____ Commencement date: _____

Departure Date: _____ Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties: _____

May we contact this employer? (If not, state brief reason): _____

Employer's Name: _____ Commencement date: _____

Departure Date: _____ Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties: _____

May we contact this employer? (If not, state brief reason): _____

If you are applying for a position that requires driving, please complete this section:

Do you have a valid driver's license? _____ License #: _____
License expiration: _____ State: _____

Note: If you are selected for an interview, you are required to present a copy of your

driving record that is not more than 4 weeks old. After being hired, a copy of this driving record will be placed into your personnel file and an annual update will be required.

False information given or implied on an application form is grounds for immediate dismissal without further notice.

I hereby state that all information provided is accurate and may be verified by you. I agree that i may be discharged if Verde Valley Ambulance Co., Inc. at any time learns of falsification or material omission in the information provided on this application form and related documents. Verde Valley Ambulance Co., Inc. may contact my former employer in connection with the consideration of my employment with them. All references are hereby authorized to release all information which they may have relevant to my employment with them. I hereby release Verde Valley Ambulance Co., Inc. it's affiliates, successors, and assigns, and all references from any liability that might be claimed because of information provided by such references.

I agree that I will follow all Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that Verde Valley Ambulance Co., Inc. reserves the right to add, change and/or delete any policies, procedures, work rules, and/or benefits at any time.

Applicant Signature: _____ Date: _____

NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT WHO DOES NOT SIGN THE ABOVE STATEMENT.

Note: Additional personal information will be required to complete benefit forms after being hired.

Thank you for showing an interest in pursuing a career with Verde Valley Ambulance Co., Inc.