

Date of Application: _____

Position Applied For: _____

GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Social Security Number: _____

CERTIFICATIONS

Are you a certified EMT? Yes No Please attach a copy of your certification to this application→Are you nationally registered? Yes NoAre you a certified paramedic? Yes No Please attach a copy of your certification to this application→Are you nationally registered? Yes NoAre you a registered nurse? Yes No Please attach a copy of your license to this application

Other certifications: (check all that apply and attach a copy to this application)

 CPR EVOC PHTLS ACLS PALS NALS CEN CCRN PAT Other: _____

INFORMATION

Are you currently working? Yes NoIf YES, may we contact you at work? Yes No

Work number: (_____) _____ Best time to call: _____

May we contact your current employer? Yes NoAvailable to work: full-time part-time temporary

Date available to start work: _____

Are you on layoff or subject to recall? Yes NoIf you are age 18, can you provide a work permit if offered a job? Yes NoDo you have the legal right to work in the U.S.? Yes NoHave you been convicted of a felony or released from prison within the last 7 years? Yes No*(A conviction is not an automatic bar to employment. Each case will be considered on its own merits).*

If yes, please explain: _____

Have you ever applied for a position with this company before? Yes No

If yes, specify date of application and position applied for: _____

Have you ever worked for this company before? Yes No

If YES, specify dates: from: _____ to: _____

Position held: _____

EMPLOYMENT HISTORY

Please list your present and past work experience, beginning with your current employer. You may include volunteer activities. Do not substitute a resume. Attach additional pages as needed.

Name of employer:	From		To	
	Month	Year	Month	Year
Address:				
	Telephone:		Starting pay:	
Position:	Supervisor:		Ending pay:	
Description of duties:				
Reason for leaving:				

Name of employer:	From		To	
	Month	Year	Month	Year
Address:				
	Telephone:		Starting pay:	
Position:	Supervisor:		Ending pay:	
Description of duties:				
Reason for leaving:				

Name of employer:	From		To	
	Month	Year	Month	Year
Address:				
	Telephone:		Starting pay:	
Position:	Supervisor:		Ending pay:	
Description of duties:				
Reason for leaving:				

Name of employer:	From		To	
	Month	Year	Month	Year
Address:				
	Telephone:		Starting pay:	
Position:	Supervisor:		Ending pay:	
Description of duties:				
Reason for leaving:				

EDUCATION

	Name and address of school	Major	Number of years completed	Did you graduate
High School				
College				
College				
Other: Specify				

SKILLS AND QUALIFICATIONS

Please summarize special skills and qualifications acquired from employment or other experiences that may qualify you for the position for which you are applying:

Please list any job-related professional, trade business or civic activities, organizations, and associations to which you belong. (Please omit those which indicate race, color, religion, national origin, ancestry, sex, age, or sexual orientation):

Please provide the names, addresses, and telephone numbers of at least two business/work references who are not related to you:

NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER

To assist us in checking records and verifying prior employment and education, please indicate whether you were ever employed or enrolled under a name other than that used on this application:

- Yes No

If yes, please specify the name you were employed or enrolled under: _____

Below, list any and all traffic citations received and accidents you have been involved in during the last **five years**:

1. _____
2. _____
3. _____
4. _____
5. _____

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with ACUTE CARE MEDICAL TRANSPORTS, INC., I understand that consumer reports, which may contain public information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, and license suspensions and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address, and phone number of any agency providing such information and further may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization to procure Motor Vehicle Reports at any time during my employment, membership, or contract period.

Print Name

Social Security Number

Signature

Date

Drivers License Number

State

Please attach a copy of your drivers license to this application.

EMPLOYMENT APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization, or company listed on this application to furnish you any and all information concerning my previous employment, education, and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated or any offer or acceptance of employment withdrawn, at any time, with or without cause and with or without prior notice at the option of the company or myself.

Signature

Date

Please return completed application and copies of all certifications to:

Acute Care Medical Transport, Inc. ▪ 500 North Easton Road ▪ Willow Grove ▪ PA ▪ 19090
Email: careers@acutecareservices.com (include application as an email attachment) ▪ Fax: 215.657.7773

AN EQUAL OPPORTUNITY EMPLOYER