

Employment Application



330 Hamblin Ave
Battle Creek, MI 49015
Phone (269) 969-8844
Fax (269) 969-6096

WEB SITE www.lifecareems.org

A Non-Profit Community Service

Filing this application does not imply that the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants.

LifeCare Ambulance Service (hereafter "Company") is an Equal Opportunity Employer. It is the Company's policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability, or veteran status.

Please answer every question. You will not be considered as a candidate for a job with the company until the company has received this application fully completed and signed by you.

GENERAL INFORMATION

1. _____
Date of Application

2. _____
Name (first, middle, last)

3. _____
Present Address (street, city, state, zip code)

4. _____ 5. _____
Home Telephone or Number You Can be reached at Business Telephone

6 Any additional information relative to a different name necessary to check work record? If yes, explain _____

Position Desired

Paramedic EMT Dispatcher Other (specify) _____

Are you available to work Full Time Part Time Date Available to Work _____

Is there anything that restricts the hours you work or prevents you from working any day of the week or any work shift?

No Yes If yes, please explain _____

In case of emergency, contact:

Name

Address

Telephone

1. Are you at least 18 years old? Yes No

2. Have you ever been convicted of a crime (including misdemeanors)? Yes No

Explain: _____

Are there any criminal charges pending against you?
(A "Yes" answer to either question will not automatically disqualify you). Yes No

Explain: _____

3. Have you previously been employed by the Company? Yes No

If yes, when: _____
Under what name: _____

4. Have you submitted an application to the Company before? Yes No
If yes, when: _____

Complete the following only if the position for which you are applying requires a driver's license:

Driver's License Number: _____

Has your driver's license ever been revoked, suspended, or restricted? Yes No
If yes, for what reason and for how long? _____

List any moving violations during the last three (3) years: _____

EDUCATIONAL HISTORY

Do you have a high school diploma or GED? Yes No

Name of High School: _____

OR State GED completed in: _____

<u>Schools attended other than high school (include trade schools)</u>	<u>Location (City and State)</u>	<u>Course or Major Studied</u>	<u>Dates Attended</u>	<u>Degree</u>

EMPLOYMENT HISTORY

List below, beginning with the most recent, present and past employment in the past (10) years and any other employment experience you feel pertinent. (use a separate sheet of paper if necessary)

Company Name	Company Address	Phone Number
Position Held/Job Title	Dates of Employment	
Name and Title of Immediate Supervisor		
Reason for Leaving	Hourly Wage/Salary	
Brief Description of Duties		

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I certify that all of the information furnished on this Application is true, complete and correct. I understand that any falsification, misrepresentation or omission of fact, either on this Application or during the pre-hire process, will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of the Company, if employed.

I understand that consideration for employment at LifeCare Ambulance Service, is conditional upon a review of my qualifications, work history, references, etc. I authorize LifeCare Ambulance Service, to request and obtain verification that the information given by me on this Application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc. I therefore authorize my current and all previous employers to cooperate with LifeCare Ambulance Service, and to release, on a confidential basis, any information each previous employer may have concerning me, including information in my personnel record or otherwise known to each previous employer, to LifeCare Ambulance Service, in connection with my application for employment with LifeCare Ambulance Service. I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of providing/disclosing such information to LifeCare Ambulance Service.

I understand that if I am employed by LifeCare Ambulance Service then my employment is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or by the Company, with or without cause, and with or without any previous notice. I also understand that the Company has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented. I understand that (i) only persons specifically authorized by the Board of Directors of the Company have the authority to enter into any agreement for employment for any specified period of time, and that any such agreement must be in writing, signed by such authorized person; and (ii) only persons specifically authorized by the Board of Directors of the Company have the authority to make any representations contrary to the foregoing, and that, except for representations are in writing, signed by such authorized person, representations contrary to the foregoing (including representations made before the date of my application for employment) cannot be relied upon by me.

I understand that if hired by LifeCare Ambulance Service, I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

I agree that any lawsuit against the Company and/or its agents arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice, or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.

I understand that I may take this application form with me to submit at a later time if I choose to do so. I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this certification, and I have knowingly and voluntarily signed below.

Dated: _____

Signature

(Applicant's name – printed)

Application Check List for licensed positions

- Copy of EMS license
- Copy of ACLS, BTLs or PHTLS and CPR Cards
- Current copy of Driving Record

LifeCare's Mission

Providing community based quality
mobile health care.

Our Four Pillars of Character

Caring – Honesty – Respect - Responsibility

Authorization to Release Information

I hereby authorize my current and former employers to release any information contained in my personnel file or otherwise known by them to LifeCare Ambulance Service in connection with my application for employment with LifeCare Ambulance Service. I specifically release from liability any current or former employers, their agents, representatives, employees, officers or directors, for giving such information to LifeCare Ambulance Service.

Dated: _____

Signature

(Applicant's name – printed)

Applicant's Social Security Number

**VOLUNTARY SELF-IDENTIFICATION
(CONFIDENTIAL-FOR STATISTICAL USE ONLY)**

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for affirmative action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. Identification can be declared at any time prior to or, if applicable, after hire. Please return this page with your application.

PLEASE COMPLETE IN FULL:

Date: _____ Position applied for: _____ Applicant's zip code: _____

Name: _____ Social Security # _____

Sex: (Circle appropriate response) Male Female Date of birth: _____

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

___ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

___ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

___ **Race missing or unknown** - Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

VETERAN STATUS:

(Please check one if it describes your veteran status.*)

___ **SPECIAL DISABLED VETERAN:** Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.

___ **VIETNAM ERA VETERAN:** A Vietnam Era veteran is a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961, and May 7, 1975.

* Veteran status may only be requested after a job offer is made.

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records!