

# Employment Application



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

WEB SITE [www.lifecareems.org](http://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Has your driver's license ever been revoked, suspended, or restricted?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		

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		

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		

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