

NAME

Last

First

M

EMS LEVEL

DATE



EMPLOYMENT APPLICATION

Critical Life Emergency Medical Services is an equal opportunity employer. It is our policy to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, sexual orientation or veteran status.

IMPORTANT: Please fill in your answers in the boxes provided unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent your application from being considered. The information that you provide on this application will be verified; giving false or misleading information will be grounds for non-selection or immediate dismissal.

PERSONAL DATA

<i>First Name</i>	<i>Mi</i>	<i>Last</i>	<i>Social Security Number</i>

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

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Are you legally authorized to work in the United States? Y N

Telephone

EMPLOYMENT DESIRED

<i>Position desired</i>	<i>Date Available</i>	<i>Are You Willing To Work Any Shift?</i>

<i>Full/Part Time</i>	<i>How Did You Learn of Critical Life?</i>

EDUCATION

<i>High School</i>	<i>Graduated?</i>	<i>Major</i>

<i>College</i>	<i>Graduated?</i>	<i>Major</i>

<i>Technical School</i>	<i>Graduated?</i>	<i>Major</i>

<i>EMS School</i>	<i>Completed?</i>	<i>EMS Level</i>

<i>EMS School</i>	<i>Completed?</i>	<i>EMS Level</i>

<i>EMS School</i>	<i>Completed?</i>	<i>EMS Level</i>

EMPLOYMENT HISTORY

Present Employer	Position	Salary	Supervisor
Start Date	End Date	May We Contact?	

Start Date	End Date	Employer	Position	Reason For Leaving

Start Date	End Date	Employer	Position	Reason For Leaving

Start Date	End Date	Employer	Position	Reason For Leaving

Have you ever been suspended, placed on probation, asked to resign, discharged or terminated? Y N

If you answered yes, please explain on a separate sheet.

MISCELLANEOUS

Do you possess a valid Ohio driver's license? Y N

Have you ever been arrested, charged or convicted of a felony or misdemeanor involving moral turpitude? Y N

Has your certification to practice as an emergency medical technician ever been suspended? Y N

Applicant must attach copies of all EMS related certifications



PROSPECTIVE DRIVER INFORMATION RELEASE

Please complete the following information and sign below

<input type="text"/>			
<i>Last Name</i>	<i>First</i>	<i>M</i>	
<input type="text"/>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<input type="text"/>			
<i>Date of Birth</i>	<i>SSN</i>	<i>Ohio DL #</i>	
<input type="text"/>			
<i>Telephone #</i>			

Consumer reports may be obtained as part of Critical Life's evaluation of my job application or employment. These reports may be procured by Rinehart Insurance and may include my driving record, an assesment of my insurability under the company's insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize Rinehart Insurance to procure such reports about me from time to time, as deemed appropriate and necessary to evaluate my insurability or for other permissible purposes.

Applicant Signature

Date

APPLICANT'S CERTIFICATION AND AGREEMENT

I **CERTIFY** that my answers to the foregoing questions are true, accurate and complete and that I have not knowingly withheld any facts, circumstances or other information that would, if disclosed, affect my application. I further understand that any false or misleading statements or omission of pertinent information will result in the rejection of my application, or dismissal if discovered subsequent to employment.

I **AFFIRM** that by execution of the application that I acknowledge that Critical Life has disclosed to me that an investigative consumer report, including information as to my character, general reputation, personal characteristics and mode of living may be made; and that I, upon written request to the company made within a reasonable time after the completion of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I **AUTHORIZE** Critical Life to request, and I also authorize and request each former employer, school attended, and each person, firm or corporation given as references to furnish at anytime, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I **UNDERSTAND** that should I be offered employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or Critical Life without notice or liability whatsoever, except for unpaid wages or salary earned prior to termination. I further understand that no employment contract exists in regard to my employment; I understand that I am not guaranteed continuing employment.

I **UNDERSTAND** that if I'm employed, the terms and conditions of my employment will be governed by this application and the company's policy and procedures, as amended from time to time by the company.

Signature _____ Date _____

Thank You for completing this application; it will remain under consideration for six months. It will not be necessary for you to re-apply during this period. Your interest in Critical Life is appreciated.