



ParaBASIC Ambulance Service

"Member of the American Ambulance Association"
(Mailing Address) PO BOX 5, ANDREWS SC 29510
7582 Georgetown Hwy, Andrews SC 29510
204 Short Street, Kingstree SC 29556
1580-3 Hwy 9, Longs SC 29568

Phone 843.264.2911 • Toll-Free 1-888-257-8648 (ALS-UNIT) • Fax 843.264.2604 • Email: parabasic@parabasic.net

WWW.PARABASIC.NET

Application for Employment

Date _____



APPLICANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
Present Address _____ City _____ State _____ Zip _____
Phone Number _____ Cell Phone _____ Pager Number _____
Social Security Number _____ Date of Birth _____
Email Address _____

Are you a United States Citizen? _____
Have you even been charged, convicted or plead guilty to a misdemeanor or a felony? _____
If so, please explain the details below or attach additional documentation if necessary. Please Note, a yes answer will not automatically disqualify you from employment.

EMPLOYMENT DESIRED

Position _____ Salary Desired _____ Date Available _____
Are you currently employed? _____ May we contact your current employer? _____
Name of Current Employer _____ Employer's Phone Number _____
Have you ever applied at ParaBASIC Ambulance Service before? _____ If so, when? _____
Are you willing to work the following shifts?
[] Rotating Shifts [] 12 Hour Shifts [] Weekends [] 8 Hour Shifts [] Holidays [] Overtime

QUALIFICATIONS

Current Certification _____ If so, how long? _____
State Number _____ Expiration Date _____ National Registry Number _____ Expiration Date _____

Certifications: (check if applicable)

- [] CPR [] CPR Instructor [] First Aid [] First Aid Instructor
[] ACLS [] ACLS Instructor [] BTLS [] BTLS Instructor

Other Certifications or Special skills (please list) _____
Do you have a valid Driver's License? _____
DL# _____ Date of Birth _____ State Issued _____ Exp. Date _____

EDUCATION

GED/Diploma _____ Address _____ City _____ State _____ Zip _____
Years Attended _____ Did you complete? _____

High School _____ Address _____ City _____ State _____ Zip _____
Years Attended _____ Did you Graduate? _____ If so, when? _____
Special Courses Studied _____

College _____ Address _____ City _____ State _____ Zip _____
Years Attended _____ Did you Graduate? _____ If so, when? _____
Special Courses Studied _____

Additional Credits or
Comments _____

MILITARY SERVICE

Are you a Military Veteran of the United States? yes no
Effective Dates (to & from) _____
Branch of Service _____ Type of Discharge _____

PAST EMPLOYMENT

Please list employment from current to least. Use an extra sheet of paper if necessary for past employment or reason for leaving employer.

Employer _____
Begin Date _____ End Date _____ May we contact your employer? _____
Address _____ City _____ State _____ Zip _____ Phone# _____
Reason for leaving _____

Employer _____
Begin Date _____ End Date _____ May we contact your employer? _____
Address _____ City _____ State _____ Zip _____ Phone# _____
Reason for leaving _____

Employer _____
Begin Date _____ End Date _____ May we contact your employer? _____
Address _____ City _____ State _____ Zip _____ Phone# _____
Reason for leaving _____

Employer _____
Begin Date _____ End Date _____ May we contact your employer? _____
Address _____ City _____ State _____ Zip _____ Phone# _____
Reason for leaving _____

REFERENCES

List names of persons not related to you, whom you have known at least one year.

Name _____ Address _____ City _____ State _____ Zip _____
Relationship _____ Phone # _____ Number of Years Known _____
May we contact this person as a reference on your behalf? _____

Name _____ Address _____ City _____ State _____ Zip _____
Relationship _____ Phone # _____ Number of Years Known _____
May we contact this person as a reference on your behalf? _____

Name _____ Address _____ City _____ State _____ Zip _____
Relationship _____ Phone # _____ Number of Years Known _____
May we contact this person as a reference on your behalf? _____

GENERAL INFORMATION

Please briefly explain why you want to work for ParaBasic Ambulance Service.

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand I am subject to pre-employment drug testing, random drug testing, and post-accident drug testing. I also understand that ParaBasic, Inc. may need to review my motor vehicle report provided by the SCDMV. I also understand I may be required to undergo a physical examination required by the US Department of Transportation.

I authorize a company representative from ParaBasic Ambulance Service to review and/or conduct the following for employment purposes. I agree to hold any source of information blameless for any error in reporting of this information.

- Criminal Background Checks
- Pre-employment, random or post accident drug testing
- Motor Vehicle Reports
- Physical Examination

In the event that you may be hired, please provide us with your UNIFORM SIZE(s)

SHIRT SIZE _____ **TROUSER** _____

Signature of Applicant

Date

Signature of Employer

Date