



**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