

LINCOLN EMS

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone	Cell	E-mail Address	
Pager		Social Security No.	Drivers License No.
Position Applied for <input type="checkbox"/> EMT-P <input type="checkbox"/> EMSA-I <input type="checkbox"/> EMT-B <input type="checkbox"/> Volunteer <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Date Available			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMS CERTIFICATIONS				CHECK CURRENT CERTIFICATIONS				
State	Cert No.	NREMT No.	Exp Date	CPR ITLS	ACLS PEPP	EVOC	AMLS	PHTLS

DISCLAIMER AND SIGNATURE			
<p>"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.</p> <p>I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent 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.</p> <p>I understand that I must submit to a pre-employment and random drug and alcohol screening and failure to successfully pass such test will result in automatic dismissal of my application and/or termination of my employment.</p> <p>I also understand and agree that no representative of the company has any 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.</p> <p>Referred to Lincoln EMS By: _____</p> <p style="text-align: center;"><i>Must Be Witnessed and Dated</i></p>			
Signature	Date	Witness Signature	Date

-----Company Use-----

Criminal Background Submitted _____

DMV Report Submitted _____

Interviewed _____

Part Time Hire Date _____

Full Time Hire Date _____