

Ambulance Service Management Corporation (ASMC)

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Date Prepared ____ / ____ / ____

A. PERSONAL INFORMATION

Name _____
Last First Middle

Address _____ City/St. _____ ZIP _____

Are you 18 years of age or older? YES NO Social Security Number _____ (optional)

Home Telephone _____ Driver's License Number _____ (optional)
(Area Code)

In case of an emergency, notify:

Name Address Phone

Have you previously been employed by ASMC? YES NO If YES, date of employment _____

Which of the following are you available to work? Full time Part time

Position desired _____ Shift desired _____

Location desired:

1. Citizens' Ambulance Service, Inc. (Indiana County)

Station 10 _____ Station 20 _____ Station 30 _____ Station 40 _____ Station 50 _____
(Indiana) (Blairsville) (Plumville) (Hillsdale) (Clyde)

Station 81 _____ IRP _____ Office _____ Van _____
(Elderton)

2. Jefferson County Emergency Medical Services (Jefferson County)

Brookville Station _____ Punxsutawney Station _____ Office _____ Van _____

B. EDUCATION

School (H.S., Business School, College or University, and school presently attending) Address Degrees, certification, credits earned, or subjects of specialization

C. EMS TRAINING

Type	Certification No.	Training Site
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EMT		
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PARAMEDIC		
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**ADDITIONAL EMS TRAINING -- ACLS, BTLS, PALS, PHTLS, Advanced Skills, Instructor Certification
(Use back of paper if necessary)**

Type	Training Site	Expiration date
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Are you currently certified in the state of Pennsylvania? YES NO

Are you nationally registered? YES NO

When does your certification expire? _____
Month Day Year

List your previous EMS experience:

D. PREVIOUS EMPLOYMENT DATA

(Begin with the present or most recent employer. Use the back of this form if you need additional space to list items.)

Company and Supervisor's Name	Address & Phone #	Your Position	Employed Mo/Yr to Mo/Yr	Wages	Reason for leaving
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May we contact the employers listed above? YES NO

Have you ever been convicted of a crime? YES NO

Have you ever been excluded or are you currently excluded from participating in any federally funded health care program, such as Medicare or Medicaid? YES NO If yes, please explain:

E. REFERENCES

Name	Occupation	Address	Telephone

If hired, would you be able to perform all the essential functions and all the necessary job assignments of the particular job for which you are applying? YES NO

ASMC POLICY

Ambulance Service Management Corporation maintains a policy under which qualified applicants are hired and treated during employment without regard to race, sex, religion, national origin, handicap, or age.

I understand that in the event my application for employment is accepted, the effective date of acceptance and of my employment shall be the time I actually commence work. If I am employed, I agree to comply with, and be bound by all policies and rules and regulations of Ambulance Service Management Corporation. I further understand that, if employed, my employment will be subject to the conditions of any applicable conditional offer requirements established by Ambulance Service Management Corporation. If required, I agree to submit to a post-offer, pre-employment medical examination and/or essential function test and periodic medical examinations thereafter. I authorize investigation of all statements contained in this application, and do hereby release any investigation of all statements contained in this application and also release any and all persons, companies or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto. I understand that any information that I may have provided herein concerning my status as a handicapped individual will be held confidential, except as may be necessary, if I am employed, to inform my supervisor of necessary accommodations or work restrictions. I further understand that misrepresentation or omission of facts called for on this application is cause for rejection of this application or subsequent dismissal from employment. I hereby affirm that all of my statements are true and correct.

Signature **Date**