



Employment Application

Please print all information requested, except signature

Applicant Information										
Full Name:							Date:			
<i>Last</i>			<i>First</i>				<i>M.I.</i>			
Address:										
<i>Street Address</i>						<i>Apartment/Unit #</i>				
<i>City</i>						<i>State</i>		<i>ZIP Code</i>		
Phone: ()				E-mail Address:						
Date Available:				Social Security No.:				If under 18, please list age:		
Position Applied for:										
Are you a Certified EMT?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Practice Level: ___ First Resp. ___ Basic ___ Intermediate						
Are you a Certified Iowa Paramedic?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Certificate Expires:						
Are you a Certified Paramedic Specialist?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Certificate Expires:						
Do you have any other endorsements?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type:						
Are you nationally registered?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	*** Please attach copy of State and/or National issued card						
Days/hours available for work:			NO PREFERENCE				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Monday _____		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Tuesday _____			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Wednesday _____		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Thursday _____			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Friday _____		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Saturday _____			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Sunday _____		YES <input type="checkbox"/>	NO <input type="checkbox"/>							
HOW MANY HOURS CAN YOU WORK WEEKLY? _____ Hours				CAN YOU WORK NIGHTS/WEEKENDS?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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 yes, when?						
Do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	License Type? ___ Operator ___ Commercial (CDL) ___ Chauffeur						
Have you had any accidents during the past three years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you had any moving violations during the past three years?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a crime and/or felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>							
If yes answers, please 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

Please list three professional references.

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"/>			

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"/>	
Military Service			
Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			
Disclaimer and Signature			
<p><i>I certify that my answers are true and complete to the best of my knowledge.</i></p> <p><i>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i></p>			
Signature:		Date:	

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Federal law obligates us to provide reasonable accommodations to the known disabilities of applicants and employees, unless to do so would pose an undo hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

Applicants are considered for all positions, and employees are treated during employment, without regards to race, color, religion, sex, national origin, ancestry, marital status, age, disability, veteran status, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing.)

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize North Benton Ambulance to thoroughly investigate my references, work records, education, and other matters related to my suitability for employment and further, authorize my current and former employers to disclose to the company any and all letters, reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release North Benton Ambulance, my current and former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of, or in any way related to such investigation or disclosure.

If hired, I agree to submit to random alcohol and/or drug testing as a condition of continued employment with North Benton Ambulance. I agree that North Benton Ambulance may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason. I also understand that refusal to submit to a random alcohol and/or drug screen test will be considered voluntary resignation of employment.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and North Benton Ambulance. In addition, I understand and agree that if I am employed my employment relationship with North Benton Ambulance is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or North Benton Ambulance, and that no promises or representations contrary to the foregoing are binding on North Benton Ambulance unless made in writing and signed jointly by the President of the Board of Directors and myself.

Furthermore, if employed, I agree that any dispute arising out of the termination of our employment relationship shall be resolved pursuant to mandatory binding arbitration at the written request of either North Benton Ambulance or myself. This agreement provides that such arbitration shall comply with and be governed by the Federal Arbitration Act and that any arbitration award arising from such dispute shall be limited to back pay.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or North Benton Ambulance benefits, policies and procedures will not alter our at-will and arbitration agreements.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Iowa driver's license and understand that will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by North Benton Ambulance' auto insurance, if required for my position.

I understand that if employed by North Benton Ambulance, I will be privy to Private Health Information and will be required by state and federal laws to maintain the privacy of such information as required by such laws, including but not limited to HIPPA. Any founded breach of patient privacy is grounds for termination from employment with North Benton Ambulance, and will be reported to the appropriate regulating authorities.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date