



Action Care Ambulance
APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please answer each question fully and accurately. Attach additional sheets if you do not have enough room on this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related factors. PLEASE PRINT OR TYPE (black or blue ink only), except for your signature on the last page of this application.

Form with fields for: Last Name, First Name, Middle Name, Street Address, City, State, Zip, Telephone Number(s), Email Address, Social Security Number, Position For Which You Are Applying, Date of Application, How did you learn about this position vacancy? (with radio button options), Date you are available to begin employment, and Desired Rate of Pay.

Have you worked or attended school under any other names? o Yes o No
If yes, provide names: \_\_\_\_\_

Are you 21 years of age or older? (If you are hired, you may be required to submit proof of your age.) o Yes o No
If hired, can you furnish proof you are eligible to work in the U.S.? o Yes o No

Have you ever filed an application with us before? o Yes o No
If yes, when? \_\_\_\_\_ For what position? \_\_\_\_\_

Have you ever been employed with us before? o Yes o No
If yes, when? \_\_\_\_\_ In what position? \_\_\_\_\_

Do any of your relatives, friends or acquaintances work for Action Care? o Yes o No
If yes, state name(s), relationship to you and job title. \_\_\_\_\_

Have you ever been convicted of a felony? o Yes o No
(Convictions will be evaluated on a case-by-case basis.)
If yes, give details \_\_\_\_\_

If employed, do you expect to be engaged in any additional business or employment outside of Action Care? o Yes o No
If yes, give details \_\_\_\_\_

After reviewing the job description, are you physically able to perform the essential functions of the position for which you are applying? o Yes o No

**EMPLOYMENT**

*Please duplicate this page if necessary to account for all work experiences for at least the past 10 years. Start with your present or last job. Include any job-related military service assignments and volunteer activities. Account for all periods of time, including unemployment. You may exclude organizations which indicate race, color, religion, gender, national origin, age, disabilities or other protected status.*

Present or Most Recent Employer	<b>Dates Employed</b> From                      To		<b>Work Performed</b>
Address			
Telephone Number(s)	<b>Rate of Pay</b> Starting                      Final		
Starting/Present Job Title			
Supervisor's Name and Title		May we contact? If no, why not?	<input type="radio"/> Yes <input type="radio"/> No
Reason for Leaving			

Employer	<b>Dates Employed</b> From                      To		<b>Work Performed</b>
Address			
Telephone Number(s)	<b>Rate of Pay</b> Starting                      Final		
Starting/Ending Job Title			
Supervisor's Name and Title		May we contact? If no, why not?	<input type="radio"/> Yes <input type="radio"/> No
Reason for Leaving			

Employer	<b>Dates Employed</b> From                      To		<b>Work Performed</b>
Address			
Telephone Number(s)	<b>Rate of Pay</b> Starting                      Final		
Starting/Ending Job Title			
Supervisor's Name and Title		May we contact? If no, why not?	<input type="radio"/> Yes <input type="radio"/> No
Reason for Leaving			

Employer	<b>Dates Employed</b> From                      To		<b>Work Performed</b>
Address			
Telephone Number(s)	<b>Rate of Pay</b> Starting                      Final		
Starting/Ending Job Title			
Supervisor's Name and Title		May we contact? If no, why not?	<input type="radio"/> Yes <input type="radio"/> No
Reason for Leaving			

Have you ever been fired from a job or asked to resign?  Yes     No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Comments: Please provide an explanation for any gaps in employment.**

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**List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.**

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**SPECIALIZED SKILLS AND TRAINING**

What skills or additional training do you have that are related to the job for which you are applying?

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What machines or equipment can you operate that are related to the job for which you are applying?

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Please describe your experience and knowledge of computer systems (software and hardware).

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State any additional information about your skills which you feel may be helpful to us in considering your application.

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**DRIVER'S LICENSE INFORMATION** [Necessary in order to drive Action Care vehicles in the performance of job duties.]

Do you have a valid driver's license?  Yes  No

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Class of License: \_\_\_\_\_

Have you ever had your driver's license suspended or revoked in the last 3 years?  Yes  No

If yes, please explain. \_\_\_\_\_

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EDUCATION				
	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School or GED				
Undergraduate College or University				
Graduate School or Professional School				
Technical or Vocational School				
Other (Specify)				

Certification	EMT	CPR	ACLS	PALS	BTLS
Certification #					
Expiration Date					
Level / Instructor					

PERSONAL AND PROFESSIONAL REFERENCES		Please do not include family members or past supervisors/managers.	
Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

Please Print		(This information is voluntary)	
Date:	Position:	Location:	
SSN	Name (Last, First, Middle)		
Street Address:	City	State	Zip
Race Ethnic (Check Only One)			
White ( )	Not of Hispanic origin, person having origins in Europe, North Africa or the Middle East.		
Black ( )	Person having origins in the Black Racial Groups of Africa as well as Jamaica, Trinidad, or the West Indies.		
Asian/Pacific ( )	Persons having origins in the far east, south east Asia, the Islander Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.		
Native American ( )	American Indians; also Eskimos and Aleuts.		
Hispanic ( )	Person having origins in Mexico, Puerto Rico, Cuba, Central America or other Spanish cultures. .		

Please attach copies of current  
State of Colorado Driver's License, Department of Motor Vehicle Record for the past 3 years,  
State Certifications, and CPR Card (and ACLS if Paramedic)

~ Incomplete applications will not be considered ~

Action Care Ambulance, Inc.  
Background Information Request

<b>Please Print</b>		
SSN:	Name (Last, First, Middle):	
Birthdate:	Name (as it appears on Driver's License):	
Driver's License #:	State of Issuance:	Expiration Date:
Reason for Inquiry: ( ) Applicant for Employment      ( ) Periodic Inquiry      ( ) Other		
Requesting Supervisor or Manager:		
Return Inquiry to:		

In cooperation with Action Care Ambulance in their investigation of the backgrounds of prospective and current employees, I hereby request that any of my employers, or certification/licensure agencies or individuals, provide to the representative of Action Care, whatever information is requested concerning my work history, certification/licensure and or personal character. I understand this information will be kept confidential.

\_\_\_\_\_  
APPLICANT / EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

By signing this Application for Employment, I agree that:

- 1) All the information that has been provided is true and factual. I further understand that any false or misleading information may result in rejection or application and/or termination of employment.
- 2) I request that any of my employers, past or present, certification/licensure agencies or individuals provide to a representative of Action Care whatever information is requested concerning my work history and performance, certification/licensure, and/or personal character. I understand this information will be treated as a confidential personnel record. I hold Action Care harmless from all liability for any damages that may result from requesting, receiving or acting upon this information.
- 3) Action Care's Substance Abuse Policy is terms of employment and I agree to the policy and will be bound by its specific terms, which at this time in general is as follows:
  - a) I must submit to a drug and alcohol test upon employment.
  - b) If asked during employment, I must submit to drug or alcohol tests for cause.
  - c) My failure to submit to such tests will be cause for rejection or termination of employment.
- 4) During the first six months of employment, I can be terminated at any time with or without cause or notice.

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APPLICANT / EMPLOYEE SIGNATURE

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DATE