

Life Ambulance Service, Inc. Pre-Employment Application

Rev.5.10

Life Ambulance Service, Inc. is an equal opportunity employer and will consider all Applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, or any disability as provided in the Americans with Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the Applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Our facility is a voluntary non-subscriber to worker's compensation in Texas, pursuant to Article 8306, V.A.C.S.

Personal information: _____ Date: _____

Full Name: _____ Social Security Number: _____

Current Address: _____

Permanent Address: _____

Home Phone # Work Phone # Pager/Cellular

Notify in case of Emergency:

Full Name: _____

Address: _____

Phone: _____

Are you over the minimum age required for the job? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Have you ever been convicted of any crime (excluding minor traffic violations) including driving while under the influence of alcohol or drugs? Yes No

If yes, state the offense, location, date and disposition _____

NOTE: A conviction will not necessarily disqualify you from employment.

Have you ever had any moving violations within the past three (3) years? Yes No

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

Do you have the ability, with or without reasonable accommodations, to work overtime, graveyard shifts or to travel if travel, graveyard shifts and/or overtime are required by the job for which you are applying? Yes No

Have you served in the military? Yes No If Yes, please provide a copy of form DD214 with this application.

EMPLOYMENT DESIRED:

Are you seeking Full-Time, Part-Time, Temporary or summer employment?

Position applied for _____ Salary desired _____

Date available to start _____

Have you ever applied to our company before? Yes No

Have you ever worked for our company before? Yes No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

How did you hear of our company and/or position? _____

Do you have reliable transportation? Yes No

Are you now, or do you expect to be working in any other business or job? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No

If yes, please specify those days or hours you would be unable or unwilling to work _____

EDUCATION: DID YOU GRADUATE? DIPLOMA OR DEGREE:

Grade School _____

High School: _____

College: _____

Trade/Voc./Bus: _____

Do you intend to continue your education? Yes No If yes, what fields do you expect to pursue?

Describe any specialized school or training _____

LICENSES AND CERTIFICATIONS:

<i>DESCRIPTION</i>	<i>ISSUING STATE/AGENCY</i>	<i>EXPIRATION DATE</i>	<i>NUMBER</i>
DRIVER'S LICENSE			
TDH CERTIFICATE			
NATIONAL REGISTRY			
CPR CARD			
DEFENSIVE DRIVING			

U.S. Veteran? Yes No

Dates of Service: _____ Duty of Training: _____

CAPABILITY/RELIABILITY

Would you be willing and able to perform all of the tasks required of the job for which you are applying?
Yes No

If not, please explain _____

Have you ever filed a fraudulent claim against any of your past or present employer? Yes No

Will you abide by the safety rules of this company? Yes No

Have you ever been disciplined for violating company safety rules or regulations? Yes No

If yes, please explain _____

How many days of work or school have you missed in the last two years? _____

How many times have you been late to work or school in the last two years? _____

Would you be willing and able to report to work on a regular and consistent basis? Yes No

If no, please explain _____

EMPLOYMENT HISTORY

Name of Employer: _____

Address _____ City, State, Zip _____

Phone: _____ Dates of Employment ____/____/____ to ____/____/____

Nature of Business: _____ Your Title _____

Names and Titles of Last Supervisor(s) _____

Duties: _____

Reason for Leaving: _____

Salary or hourly wage: _____

Name of Employer: _____

Address _____ City, State, Zip _____

Phone: _____ Dates of Employment ____/____/____ to ____/____/____

Nature of Business: _____ Your Title _____

Names and Titles of Last Supervisor(s) _____

Duties: _____

Reason for Leaving: _____

Salary or hourly wage: _____

Name of Employer: _____

Address _____ City, State, Zip _____

Phone: _____ Dates of Employment ____/____/____ to ____/____/____

Nature of Business: _____ Your Title _____

Names and Titles of Last Supervisor(s) _____

Duties: _____

Reason for Leaving: _____

Salary or hourly wage: _____

Are you currently employed: Yes No

If yes, may we contact your present employer? Yes No

If you worked in any of your previous positions under another name, please give that name(s) below:
(For reference checking purposes) Name _____ @ Company _____

Name _____ @ Company _____

Have you ever been fired or asked to resign from a job? Yes No If yes, please explain _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness?

Yes No If yes, please explain _____

Do you have any Word Processing Skills? Yes No

If yes, please explain: _____

What languages do you speak fluently? _____

Use this space to give us other information about your personal skills or qualities, work style, interpersonal ability or communication skills which would assist us in placing you; _____

REFERENCES: Give three references; not including relatives or former employers:

Name:	Address:	Phone:	Occupation:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE

DATE

BACKGROUND CHECKS, CREDIT CHECKS AND/OR MOTOR VEHICLE REGISTRATION RECORD

I understand that I may be requested to obtain my Background Checks from the El Paso Police Department and the El Paso County Sheriff's Office. I also authorize Life Ambulance Service, to obtain my Credit Report and/or Motor Vehicle Registration report now or in the future. Any Applicant will not become an employee of Life Ambulance Service, Inc, if Applicant's driving record does not satisfy Life Ambulance's policies and procedures requirements to be eligible to drive.

SIGNATURE

DATE

APPLICANT CLARIFICATION

I certify that all information given on this application is true, correct, and complete. I also certify that I have accounted for all of my work experience and training.

I understand that misrepresentation or omission of facts will cause cancellation of my consideration for employment, or dismissal if employed. I authorize any inquiry to be made on any information contained in this application if I am considered for employment. I understand that employment may be conditioned upon a favorable health evaluation and answering completely and truthfully a medical history and mobility evaluation. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the management.

I further understand that this is an application for employment and that no employment contract is being offered; and I understand that if employed, such employment is for an indefinite period and is subject to change in wages, conditions, benefits, and operating policies. If I am employed by Life Ambulance Service, Inc., I understand that Life Ambulance Service, Inc. is a NON-subscriber of Worker's Compensation Insurance. I also understand that if I am employed at Life Ambulance Service, Inc, and a worker's compensation dispute arises among myself as an Employee and my Employer, Life Ambulance Service, Inc. in connection with my employment, the dispute will be resolved through Dispute Resolution NOT litigation.

By my signature below, I have read, understand and agree to the policy of this Employer:

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

APPLICANT'S RELEASE OF EMPLOYMENT RECORDS

I hereby authorize Life Ambulance Service, Inc. to contact any company or individual it deems appropriate to investigate my employment history, character, and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements. A copy of this release shall be valid as the original.

SIGNATURE

DATE

PRINTED NAME

TESTING RELEASE (for Applicants applying for EMT positions or Instructor positions)

I understand that in order to be considered for employment with Life Ambulance Service, Inc. that I must successfully complete skills, written, and agility tests consisting of the following:

1. A test consisting of questions at the EMT-Basic level
2. CPR
3. Patient assessment and treatment
4. Immobilization
5. Proper use of equipment
6. Oxygen therapy
7. Splinting
8. Bandaging
9. Traction Splint
10. Suction
11. Agility testing consisting of the following:
 - a. carrying the trauma box and airway bag to the patient
 - b. lifting and moving a patient (a minimum of 160 lbs.) to a stretcher
 - c. moving the patient stretcher to the unit
 - d. lifting the stretcher into and out of the ambulance

I understand that Life Ambulance Service, Inc and its employees are not responsible for any injuries that I may receive during any portion of the testing.

SIGNATURE

DATE

PRINTED NAME:



MEMORANDUM

DATE: July 12, 2002
TO: All Life Ambulance Service, Inc. Employees
FROM: Rachel B. Harracksingh, Vice-President
RE: Drug Testing

Life Ambulance Service, Inc continues to be a drug-free work place and will now be implementing a new drug policy starting July 5, 2002.

1. Life Ambulance Service, Inc is instituting a drug abuse prevention/awareness program;
2. Life Ambulance Service, Inc. prohibits illegal drug use in the work place, including the buying or selling of illegal drugs or being at work under the influence of illegal drugs or alcohol;
3. Life Ambulance Service, Inc. requires all employees to report a criminal drug abuse conviction within five (5) days.
4. Life Ambulance Service, Inc. has no legal obligation to employ current illegal drug users.
5. Drug and alcohol testing will occur on a random basis and whenever the safety of employees, customers, patients or the general public is in question, e.g. after accidents, for reasonable suspicious behavior, or as a follow-up after a completion of a drug rehabilitation program. Failure to consent to a drug test will be considered insubordination and will result in discharge. A positive drug/alcohol test will also result in discharge.

I have read and understand this policy.

Employee Name

Employee Signature

Date

APPLICANT DATA RECORD

Applicants are considered for all positions and employees are treated, during employment without regard to race, color religion, general, national origin, citizenship, age, martial or veteran status, medical conditions or disability.

As employers/government contractors, we comply with government record keeping and other legal requirements.

Completion of the Applicant Date Record is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

This data is utilized for periodic government reporting and will be kept in a Confidential File.

Today's Date: _____

(PLEASE PRINT)

Position(s) Applied for: _____

Referral Source _____ Employee _____ Advertisement _____ Friend _____ Relative _____
School

_____ Walk-In _____ Employment Agency _____ Other _____

Name: _____ Telephone (915) _____
Last First Middle

Address: _____
Street # & Name City State Zip Code

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the gender, ethnicity, disabled and veteran status of applications. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Gender: _____ Male _____ Female

Race-Ethnicity Group: _____ White _____ Hispanic or Latino
_____ Black or African _____ American Indian / Alaskan Native
_____ Asian _____ Native Hawaiian or other Pacific Islander
_____ Two or More Races (check applicable races)

Veteran/Disabled Status (check if applicable):

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Individual with a Disability

Education Level: _____ Job Group Code: _____ (Use codes listed on the back of this form)

**EDUCATION LEVEL CODE
(Highest Level Completed)**

CODES	DESCRIPTION	CODES	DESCRIPTION
00	Normal Education	09	Bachelor of Arts
01	Completed 1 to 9 years	10	Bachelor of Business
02	Complete 10 to 12 years	11	Bachelor of Science
03	GED HS Equivalent	12	Bachelor of Law
04	High School Graduate	13	Bachelor of Social Sciences
05	Trade School Graduate	14	Bachelor – Other
06	Business College Graduate	15	Post Graduate
07	Some College	16	Masters
08	Associates	17	Other Formal Education

**JOB GROUP CODES
(Best Describes the Position You Are Applying For)**

1. **Officials and Administrators:** Occupations in which employees set broad policies, exercise overall responsibility for execution of these policies, or direct individual departments or special phases of the agency's operations, or provide specialized consultation on a regional, district or area basis. Includes: department heads, bureau chiefs, division chiefs, directors, deputy directors, controllers, wardens, superintendents, sheriffs, police and fire chiefs and inspectors, examiners (bank, hearing, motor vehicle, warehouse), inspectors (construction, building, safety, rent and-housing, fire, A.B.C. Board, license, dairy, livestock, transportation), assessors, tax appraisers and investigators, coroners, farm managers, and kindred workers.
2. **Professionals:** Occupations which require specialized and theoretical knowledge which is usually acquired through college training or through work experience and other training which provides comparable knowledge. Includes: personnel and labor relations workers, social workers, doctors, psychologists, registered nurses, economists, dietitians, lawyers, systems analysts, accountants, engineers, employment and vocational rehabilitation counselors, teachers or instructors, police and fire captains and lieutenants, librarians, management analysts, airplane pilots and navigators, surveyors and mapping scientists, and kindred workers.
3. **Technicians:** Occupations which require a combination of basic scientific or technical knowledge and manual skill which can be obtained through specialized post-secondary school education or through equivalent on-the-job training. Includes: computer programmers, drafters, survey and mapping technicians, licensed practical nurses, photographers, radio operators, technical illustrators, highway technicians, technicians (medical, dental, electronic, physical sciences), police and fire sergeants, inspectors (production or processing inspectors, testers and weighers), and kindred workers.
4. **Protective Service Workers:** Occupations in which workers are entrusted with public safety, security and protection from destructive forces. Includes: police patrol officers, fire fighters, guards, deputy sheriffs, bailiffs, correctional officers, detectives, marshals, harbor patrol officers, game and fish wardens, park rangers (except maintenance), and kindred workers.
5. **Para-Professionals:** Occupations in which workers perform some of the duties of a professional or technician in a supportive role, which usually require less formal training and/or experience normally required for professional or technical status. Such positions may fall within an identified pattern of staff development and promotion under a "New Careers" concept. Included: research assistants, medical aids, child support workers, policy auxiliary welfare service aids, recreation assistants, homemakers aides, home health aides, library assistants and clerks, ambulance drivers and attendants, and kindred workers.
6. **Administrative Support (Including Office & Clerical and Sales):** Occupations in which workers are responsible for internal and external communication, recording and retrieval of data and/or information and other paperwork required in an office. Includes: bookkeepers, messengers, clerk-typists, stenographers, court transcribers, hearing reporters, statistical clerks, dispatchers, license distributors, payroll clerks, office machine and computer operators, legal assistants, sales workers, cashiers, toll collectors, and kindred workers.
7. **Skilled Craft Workers:** Occupations in which workers perform jobs which require special manual skill and a thorough and comprehensive knowledge of the processes involved in the work which is acquired through on-the-job training and experience or through apprenticeship or other formal training programs. Includes: mechanics and repairers, electricians, heavy equipment operators, stationary engineers, skilled machining occupations, carpenters, compositors and typesetters, power plant operators, water and sewage treatment plant operators, and kindred workers.
8. **Service/Maintenance Workers:** Occupations in which workers perform duties which result in or contribute to the comfort, convenience, hygiene or safety of the general public or which contribute to the upkeep and care of buildings, facilities or grounds of public property. Workers in this group may operate machinery. Includes: chauffeurs, laundry and dry cleaning operatives, truck drivers, bus drivers, garage laborers, custodial employees, gardeners and groundskeepers, refuse collectors, construction laborers, park rangers (maintenance), farm workers (except managers), craft apprentices/trainees/helpers, and kindred workers.