

# **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 are 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:**

<b>DESCRIPTION</b>	<b>ISSUING STATE/AGENCY</b>	<b>EXPIRATION DATE</b>	<b>NUMBER</b>
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: \_\_\_\_\_

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Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
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Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Salary or hourly wage: \_\_\_\_\_

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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: \_\_\_\_\_

**LIFE**

**AMBULANCE SERVICE, INC.**

*Offering Paramedic Service*

## MEMORANDUM

**DATE:** July 12, 2002

**TO:** All Life Ambulance Service, Inc. Employees

**FROM:** Rachel B. Harracksingh, Vice-President

**RE:** Drug Testing

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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.

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Employee Name

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Employee Signature

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Date

## APPLICANT DATA RECORD

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

As employers/government contractors, we comply with government record keeping and other legal requirements. Completion of the Applicant Data 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 separate from the Application for Employment.

Today's Date: \_\_\_\_\_

**(PLEASE PRINT)**

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Employee  Advertisement  Friend  Relative  School  
 Walk-in  Employment Agency  Other \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
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 applicants. 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  
(only check one)  Black or African American  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)**

<u>CODES</u>	<u>DESCRIPTION</u>	<u>CODES</u>	<u>DESCRIPTION</u>
00	Normal Education	09	Bachelor of Arts
01	Completed 1 to 9 years	10	Bachelor of Business
02	Completed 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)**

- 01 **MANAGEMENT** – personnel who set broad policies, exercise over-all responsibility for execution of policies, and direct department or phases of firm's operations. Positions include: presidents, department managers, personal banking officers, supervisors, etc.
- 02 **PROFESSIONAL** – occupations requiring either college degree or experience of kind and amount to provide a comparable background. Positions include: accountants, auditors, human resources, financial representatives, data processing coordinators, real estate and commercial lenders, marketing assistants, etc.
- 03 **TECHNICIANS** – occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through 2 years of post high school education. Positions include: computer programmers, drafters, engineering aides, mathematical aides, licensed practical or vocation nurses, radio operators, technicians (medical, dental, electronic, physical science), etc.
- 04 **SALES** – occupations engaging wholly or primarily in direct selling. Positions include: advertising agents and sales workers, insurance agents and brokers, real estate agents, sales clerks, grocery clerks, cashiers/checkers, etc.
- 05 **CLERICAL** – all positions of a “general” office or clerical nature; it is not an indication of difficulty level. Positions include: collectors, secretaries, accounting clerks, tellers, runners, general clerks, maintenance workers, etc.
- 06 **CRAFT WORKERS** – manual workers of relatively high skill level having a thorough and comprehensive knowledge of the processes involved in their work. Positions include: building trades, mechanics, repairers, handpainters, etc.
- 07 **OPERATIVES** – all positions that operate machine or processing equipment or perform other factory-type duties. Positions include: delivery workers, carpenters, electricians, machinists, mechanics, printing trades, motor operators, etc.
- 08 **LABORER** – all positions in manual occupations which generally require no special training and perform elementary duties that may be learned in a few days and require little or no independent judgment. Positions include: garage laborers, car washers, groundskeepers, gardeners, laborers performing lifting, digging, mixing and loading operations, etc.
- 09 **SERVICE WORKER** – personnel in service occupations. Positions include: cooks, waiters, waitresses, usher, guides, guards, nurses aides, orderlies, etc.