



Medic Rescue, Inc.
 809 South Goliad
 Rockwall, Texas 75087
 Phone: (972) 772-4148
 Fax: (972) 772-4507

APPLICATION FOR EMPLOYMENT

MEDIC RESCUE IS AN EQUAL OPPORTUNITY EMPLOYER AND SELECTS THE BEST QUALIFIED APPLICANT FOR THE POSITION BASED UPON JOB RELATED QUALIFICATIONS, REGARDLESS OF AGE, RACE COLOR, CREED, NATIONAL ORIGIN, SEX, MARITAL STATUS, SEXUAL PREFERENCE, VETERAN STATUS OR A PHYSICAL OR MENTAL DISABILITY.

PERSONAL INFORMATION

LAST NAME	FIRST	MI	HOME PHONE	ALTERNATE PHONE
STREET ADDRESS		CITY	STATE	ZIP
DRIVERS LICENSE NUMBER			ARE YOU ELIGIBLE TO WORK IN THE US	
ARE YOU 18 YEARS OR OLDER	DATE AVAILABLE	PAY DESIRED	ARE YOU AVAILABLE FOR FULL TIME WORK, IF NO WHEN?	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES GIVE ALL DATES, PLACES, CHARGES AND DISPOSITION. CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT CONSIDERATION.				

EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION	TRAINING / MAJOR	DID YOU GRADUATE
HIGH SCHOOL			
COLLEGE			
VOCATIONAL			
OTHER			

MILITARY SERVICE

BRANCH	DATE ENTERED	DATE DISCHARGED	RANK AT DISCHARGE
NATURE OF DUTIES & SPECIALIZED TRAINING INVOLVED			

WORK EXPERIENCE

EMPLOYER	PHONE NUMBER	START DATE	END DATE	START PAY	END PAY
ADDRESS		NAME / TITLE OF SUPERVISOR		FULL OR PART TIME	
JOB TITLE AND DESCRIPTION OF DUTIES				REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER, IF NOT, WHY?					

EMPLOYER	PHONE NUMBER	START DATE	END DATE	START PAY	END PAY
ADDRESS		NAME / TITLE OF SUPERVISOR		FULL OR PART TIME	
JOB TITLE AND DESCRIPTION OF DUTIES				REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER, IF NOT, WHY?					

EMPLOYER	PHONE NUMBER	START DATE	END DATE	START PAY	END PAY
ADDRESS		NAME / TITLE OF SUPERVISOR		FULL OR PART TIME	
JOB TITLE AND DESCRIPTION OF DUTIES				REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER, IF NOT, WHY?					

EMPLOYER	PHONE NUMBER	START DATE	END DATE	START PAY	END PAY
ADDRESS		NAME / TITLE OF SUPERVISOR		FULL OR PART TIME	
JOB TITLE AND DESCRIPTION OF DUTIES				REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER, IF NOT, WHY?					

CERTIFICATIONS AND CARD COURSES, PLEASE ATTACH A COPY OF ALL APPLICABLE CARDS AND

CERTIFICATIONS

LP EMT-P EMT-I EMT ECA EMD

CERTIFICATION# _____ EXPIRATION DATE: _____

COURSE	DATE CERTIFIED	DATE EXPIRED	CERT NUMBER
BTLS – BASIC TRAUMA LIFE SUPPORT			
ACLS – ADVANCED CARDIAC LIFE SUPPORT			
BCLS - CPR			
PALS – PEDIATRIC ADVANCED LIFE SUPPORT			
NRP – NEONATAL RESUSCITATION PROGRAM			
EVOC – EMERGENCY VEHICLE OPERATORS COURSE			
NATIONAL REGISTRY			

AFFIDAVIT

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS CORRECT AND WITHOUT CONSEQUENTIAL OMISSIONS AND UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION WILL VOID THIS APPLICATION AND IS GROUNDS FOR DISMISSAL IN ACCORDANCE WITH MEDIC RESCUE POLICIES. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF MEDIC RESCUE, AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITHOUT NOTICE, AT ANY TIME, AT THE OPINION OF THE COMPANY OR MYSELF. THIS APPLICATION IS SUBMITTED WITH THE UNDERSTANDING THAT UPON ACCEPTANCE OF A FORMAL EMPLOYMENT OFFER, I WILL BE REQUIRED TO COMPLETE MEDIC RESCUE’S PRE-PLACEMENT TESTING, WHICH WILL INCLUDE DRUG AND ALCOHOL SCREENING. I AUTHORIZE MEDIC RESCUE TO INVESTIGATE ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO MAKE A CONSUMER CREDIT CHECK. CONTINUED EMPLOYMENT IS CONTINGENT ON VERIFICATION OF INFORMATION PROVIDED ON THIS APPLICATION. POSITIONS THAT REQUIRE OPERATING A COMPANY VEHICLE MUST SUBMIT, UPON ACCEPTANCE OF A FORMAL EMPLOYMENT OFFER, A CURRENT MOTOR VEHICLE REPORT (MVR) THAT IS NOT MORE THAN THREE DAYS OLD. MVR’S WILL BE REVIEWED TO DETERMINE THE INDIVIDUALS INSURABILITY BASED ON INSURANCE CARRIER AND COMPANY POLICY. FAILURE TO BE INSURABLE MAY BE CAUSE FOR TERMINATION.

SIGNATURE: _____ DATE: _____