



ROCKWALL COUNTY EMERGENCY MEDICAL SERVICES

Medic Rescue, Inc.
809 S. Goliad
Rockwall, TX 75087
Phone: 972.772.4148
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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 ORGIN, SEX, MARITAL STATUS, SEXUAL PREFERENCE, VETERAN STATUS OR A PHYSICAL OR MENTAL DISABILITY.

PERSONAL INFORMATION

DATE:

LAST NAME:	FIRST:	MI:
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STREET ADDRESS:	CITY:	STATE:	ZIP:
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PHONE NUMBER:	EMAIL:
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DATE AVAILABLE:	ARE YOU ELIGIBLE TO WORK IN THE US? <input type="radio"/> YES <input type="radio"/> NO	ARE YOU AT LEAST 18 YEARS OF AGE? <input type="radio"/> YES <input type="radio"/> NO	SEEKING PART-TIME OR FULL-TIME? <input type="radio"/> PART-TIME <input type="radio"/> FULL-TIME
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DESIRED PAY, YEARLY:	DRIVER'S LICENSE # :	STATE:	DATE ISSUED:
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ANSWERING "YES" TO ANY OF THE FOLLOWING WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT CONSIDERATION.

Have you ever had your driver's license suspended/revoked? If yes, please explain in notes section or attached document. <input type="radio"/> NO <input type="radio"/> YES	Have you ever been arrested or legally detained by police? If yes, please explain in notes section or attached document. <input type="radio"/> NO <input type="radio"/> YES
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Have you been charged or convicted of DWI or DUI in the past 5 years? If yes, please explain in notes section or attached document. <input type="radio"/> NO <input type="radio"/> YES

In the past 3 years, have you been received three or more moving violations (speeding tickets and at-fault collisions wherein you received a citation)? If yes, please explain in notes section or attached document. <input type="radio"/> NO <input type="radio"/> YES

Have you ever been convicted of a felony? If yes, please explain in notes section or attached document. Include dates, location, charges, and case dispositions. <input type="radio"/> NO <input type="radio"/> YES
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Have you ever had your EMS license or certification (1) suspended, revoked, or (2) received any other disciplinary action, or (3) been investigated by the State or NREMT? If yes, please explain in notes section or attached document. <input type="radio"/> NO <input type="radio"/> YES
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MILITARY SERVICE

BRANCH:	DATE ENLISTED:	DISCHARGED:	RANK AT DISCHARGE:
NATURE OF DUTIES AND/OR SPECIALIZED TRAINING INVOLVED:			

EDUCATION, GENERAL

SCHOOLING TYPE	NAME AND LOCATION	FOCUS / MAJOR	YR GRADUATED
HIGH SCHOOL			
COLLEGE			
VOCATIONAL			
OTHER			

EDUCATION, EMS CERTIFICATION

MARK ALL CERTS YOU CURRENTLY HOLD			
<input type="radio"/> LP <input type="radio"/> PARAMEDIC <input type="radio"/> EMT-A <input type="radio"/> EMT-B <input type="radio"/> EMD			
COURSE	DATE CERTIFIED	EXPIRATION	CERTIFICATE NUMBER
CRITICAL CARE (CCP-C, FP-C, TP-C)			
LP OR PARAMEDIC			
EMT-A OR EMT-B			
BTLS			
ACLS			
BLS			
PALS			
NRP			
EVOC			

WORK EXPERIENCE, CONTINUED

EMPLOYER	CITY:	STATE:	<input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME
NAME/TITLE OF SUPERVISOR:	START DATE:	STARTING PAY, YEARLY:	
PHONE NUMBER:	END DATE:	ENDING PAY, YEARLY:	
MAY WE CONTACT THIS EMPLOYER? IF NOT, WHY?	REASON FOR LEAVING:		
JOB TITLE AND DESCRIPTION OF DUTIES:			

EMPLOYER	CITY:	STATE:	<input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME
NAME/TITLE OF SUPERVISOR:	START DATE:	STARTING PAY, YEARLY:	
PHONE NUMBER:	END DATE:	ENDING PAY, YEARLY:	
MAY WE CONTACT THIS EMPLOYER? IF NOT, WHY?	REASON FOR LEAVING:		
JOB TITLE AND DESCRIPTION OF DUTIES:			

EMPLOYER	CITY:	STATE:	<input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME
NAME/TITLE OF SUPERVISOR:	START DATE:	STARTING PAY, YEARLY:	
PHONE NUMBER:	END DATE:	ENDING PAY, YEARLY:	
MAY WE CONTACT THIS EMPLOYER? IF NOT, WHY?	REASON FOR LEAVING:		
JOB TITLE AND DESCRIPTION OF DUTIES:			

WORK EXPERIENCE, CONTINUED

EMPLOYER	CITY:	STATE:	<input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME
NAME/TITLE OF SUPERVISOR:	START DATE:	STARTING PAY, YEARLY:	
PHONE NUMBER:	END DATE:	ENDING PAY, YEARLY:	
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EMPLOYER	CITY:	STATE:	<input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME
NAME/TITLE OF SUPERVISOR:	START DATE:	STARTING PAY, YEARLY:	
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MAY WE CONTACT THIS EMPLOYER? IF NOT, WHY?	REASON FOR LEAVING:		
JOB TITLE AND DESCRIPTION OF DUTIES:			

EMPLOYER	CITY:	STATE:	<input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME
NAME/TITLE OF SUPERVISOR:	START DATE:	STARTING PAY, YEARLY:	
PHONE NUMBER:	END DATE:	ENDING PAY, YEARLY:	
MAY WE CONTACT THIS EMPLOYER? IF NOT, WHY?	REASON FOR LEAVING:		
JOB TITLE AND DESCRIPTION OF DUTIES:			

Have you ever been terminated, or allowed to voluntarily resign in lieu of termination? If yes, please explain (utilize notes section or attach document).

PERSONAL REFERENCES (do not list relatives or past/present employers)

NAME	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

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

NOTES