Elite Medical Air Transport, LLC
1000 Texas Avenue – El Paso
PO Box 12070
El Paso, TX 79913

Main Telephone: (915) 542-1194~~Fax: 915-613-1693

EMPLOYMENT APPLICATION FORM

Elite Medical Transport (EMT) considers candidates for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

EMT IS A DRUG-FREE WORKPLACE

PERSONAL INFORMATION

Name: _____ Today's Date: _____

Address: _____ City, State Zip: _____

Phone Number: _____ Other Phone: _____ Date Available: _____

Email Address: _____

How did you find out about this position? _____

If any, please list relatives or friends employed here:

POSITION INFORMATION

Are you at least 21 years old? ☐ YES ☐ NO.   Status Requested? ☐ Full Time ☐ Part Time

Position(s) Applying For: _____

Have you ever been employed by this organization? ☐ YES ☐
NO.   If so, date(s) _____

Prior position(s): _____ Reason for leaving: _____

Insert the hours and times of day you are available to work for each day of the week:

Sun	Mon	Tues	Wed	Thu	Fri	Sat

CERTIFICATION INFORMATION
(Check all that apply - photocopies required at interview)

	Type of License	Cert/License#	Expires
List Type -Medical Licensure (i.e. Nurse, Paramedic, EMT)			
	Driver's License		
☐ CPR	☐ ACLS	☐ PALS	☐ PHTLS
☐ NRP	☐ TNCC	☐ CCRN	☐ CCEMTP

WORK REQUIREMENTS &AND GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? ☐YES ☐NO

Can you provide a list of current immunizations if employed? ☐YES ☐NO

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, had any moving violations, or had your license revoked or suspended? ☐ YES ☐ NO If yes, explain:

A conviction will not necessarily disqualify you from employment.

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? ☐ YES ☐ NO If yes, explain:

EMPLOYMENT HISTORY
(List your last three employers or volunteer activities, starting with the most recent.)

EMPLOYER (1):

Name & Address (1)

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____ End Date: _____ Salary: _____

Job Description (including duties and responsibilities):

Employer's Telephone #: _____ May we contact? ☐YES ☐NO

Reason for leaving:

EMPLOYER (2):

Name & Address (2)

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____ End Date: _____ Salary: _____

Job Description (including duties and responsibilities):

Employer's Telephone #: _____ May we contact? ☐YES ☐NO

Reason for leaving:

EMPLOYER (3):

Name & Address (3)

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____ End Date: _____ Salary: _____

Job Description (including duties and responsibilities):

Employer's Telephone #: _____ May we contact? ☐YES ☐NO

Reason for leaving:

MILITARY SERVICE:			
Service Branch	Enlisted	Rank/Duties	Discharged

COMPLIANCE HISTORY

Have you ever been:

	Action Taken	YES	NO
1.	Disciplined or terminated for reckless driving?	☐	☐
2.	Placed on probation or terminated for excessive absenteeism?	☐	☐
3.	Disciplined or fired for insubordination?	☐	☐
4.	Disciplined or fired for violation of safety rules?	☐	☐
5.	Disciplined or fired for assault or fighting?	☐	☐
6.	Disciplined or fired for harassment?	☐	☐
7.	Disciplined or fired for patient abuse?	☐	☐
8.	Disciplined or fired for alcohol or drug related activity at work?	☐	☐

If you answered yes to any question above, please explain:

Please Note: Answers of Yes for any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ City/State: _____

Years completed: _____ Highest grade completed: _____

Did you graduate? ☐YES ☐NO   Have you received your GED? ☐YES ☐NO

COLLEGE:

Name: _____ City/State: _____

Years completed: _____ Highest grade completed: _____

Did you graduate? ☐YES ☐NO   Have you received your GED? ☐YES ☐NO

TECHNICAL SCHOOL:

Name: _____ City/State: _____

Years completed: _____ Highest grade completed: _____

Did you graduate? ☐YES ☐NO   Have you received your GED? ☐YES ☐NO

OTHER SCHOOL/TRAINING:

Describe any additional personal or professional qualifications, related employment information that you would like us to know about you or you feel would be beneficial for us to know when considering your application:

REFERENCES

List **three** persons, other than relatives, who have knowledge of your experience and/or education.

Name: _____ Occupation: _____ Phone No. _____

Address: _____

Name: _____ Occupation: _____ Phone No. _____

Address: _____

Name: _____ Occupation: _____ Phone No. _____

Address: _____

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my employment, and I hereby give my consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the Company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the Company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with the Company may be terminated.

Applicant's Signature: _____ Date: _____