



NEW EMPLOYEE FORMS FOR PERSONNEL FILES

DOCUMENTS NEEDED FOR ALL NEW EMPLOYEES:

- Application
- New Employee Data Sheet
- I-9 with copy of drivers license and social security card or birth certificate
- W-4 Federal withholding certificate
- State withholding certificate
- Verification of Employee awareness of the Drug and Alcohol Policy.
- HIPAA Privacy Training Test (**All questions must be answered correctly**)

DOCUMENTS NEEDED FOR EMT'S AND PARAMEDICS

- National Registry card
- State Certification
- State EMS Drivers license
- Signed Medical Control Agreement
- Current CPR certification
- Mississippi Drivers license

ADDITIONAL DOCUMENTS FOR EMT-PARAMEDIC

- Current ACLS certification



ASAP
EMS

P.O. Box 2727
Laurel, MS 39442-2727
Phone (601)426-2727

Application for Employment

Position(s) applied for _____ Date of application _____

Last Name: _____

Address: _____

First Name: _____

City: _____

Middle Name: _____

State: _____ Zip Code: _____

SSN #: _____

Cell Phone #: _____

Best time to call? _____

Home Phone #: _____

Best time to call? _____

Work Phone #: _____

May we contact you at work? If so, when is the best time to call? _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

Have you submitted an application here before? Yes No

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work? _____ / _____ / _____

Type of employment desired?

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of this position? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Have you ever been convicted of a crime in the last seven years? Yes No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATIONSHIP TO THE POSITION FOR WHICH YOU ARE APPLYING.

Drivers License number if driving is an essential job function: _____

EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer: _____ Phone #: _____

Job Title: _____ Address: _____

Immediate Supervisor and Title: _____

Reason for leaving: _____

May we contact for a reference? Dates Employed: ___/___/___ to ___/___/___

Starting hourly/salary: _____ per: Final hourly/salary: _____ per:

Summarize the type work performed and job responsibilities: _____

Employer: _____ Phone #: _____

Job Title: _____ Address: _____

Immediate Supervisor and Title: _____

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Job Title: _____ Address: _____

Immediate Supervisor and Title: _____

Reason for leaving: _____

May we contact for a reference? _____ Dates Employed: ____/____/____ to ____/____/____

Starting hourly/salary: _____ per: _____ Final hourly/salary: _____ per: _____

Summarize the type work performed and job responsibilities: _____

Comments: including explanation of any gaps in employment. _____

Skills and qualifications: summarize any special training, skills, license, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

EDUCATIONAL BACKGROUND

List last three schools attended, starting with the most recent. List number of years completed. Indicate degree or diploma earned, if any. List grade point average or class rank. List major field of study (if applicable).

School name: _____ Number of years completed: _____

Degree/Diploma: _____ GPA or Class rank: _____

Major field of Study: _____ Minor Field of Study: _____

School name: _____ Number of years completed: _____

Degree/Diploma: _____ GPA or Class rank: _____

Major field of Study: _____ Minor Field of Study: _____

School name: _____ Number of years completed: _____

Degree/Diploma: _____ GPA or Class rank: _____

Major field of Study: _____ Minor Field of Study: _____

REFERENCES

List name and telephone number of three business/work references that are **NOT** related to you and are **NOT** previous supervisors. If not applicable, list three school or personal references that are **NOT** related to you.

1. Name: _____ Telephone: _____ Yrs Known: _____

2. Name: _____ Telephone: _____ Yrs Known: _____

3. Name: _____ Telephone: _____ Yrs Known: _____

ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held. *Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status: _____

List any additional information you would like us to consider:

AUTHORIZATION, NOTIFICATION, AND CONSENT

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I understand that drug testing may be required after a conditional offer of employment has been made. I further understand that a positive test result will be considered in employment decisions and may result in a decision that I am unqualified for employment.

I give my consent for the employer to access my Motor Vehicle records when applicable to the job for which I am applying and/or to perform an independent investigation of my background in order to obtain information which may be material to my qualifications for employment. I understand that negative information contained in these records will be considered in employment decisions and may result in a decision that I am unqualified for employment.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Printed Name of Applicant: _____

Date: ____/____/____

Signature of Applicant: _____

NEW EMPLOYEE DATA RECORD

Please complete this New Employment Data Record. It will supply us information needed for our payroll and benefit programs.

First Name: _____ Middle Name: _____

Last Name: _____ SSN #: _____

Current Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

How long at current address? _____

Previous Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

How long at previous address? _____

In Case of Emergency Notify

1. Name: _____ Phone: # (Day): _____

Address: _____ Phone: # (Night): _____

City: _____ Relationship: _____

State: _____ Zip: _____

2. Name: _____ Phone: # (Day): _____

Address: _____ Phone: # (Night): _____

City: _____ Relationship: _____

State: _____ Zip: _____

Personal Data

Date of Birth: ____/____/____ Sex: Male Female

Have you ever been employed here before? Yes No

If yes, give dates: From ____/____/____ To ____/____/____

List any friends of relatives working for us: _____

Have you ever been bonded? Yes No

Voluntary Information

Marital Status: Single Married

Name of Spouse: _____ Number of Dependents Including Yourself: _____

PLEASE LIST DEPENDENT CHILDREN

Name: _____ Sex: _____ Date of Birth: ____/____/____

Name: _____ Sex: _____ Date of Birth: ____/____/____

Name: _____ Sex: _____ Date of Birth: ____/____/____

Name: _____ Sex: _____ Date of Birth: ____/____/____

Reasonable Accomodation

In the event you believe there is a reasonable accommodation that will assist you in performing the essential functions of your job, please contact your manager or Human Resource Department.

Military Service

Are you a veteran of the U.S. Armed Forces? If yes, which branch? _____

Dates of Service: From ____/____/____ to ____/____/____

Do you have a military obligation, including Nat. Guard, which would affect your work schedule?

If yes, please explain: _____

The information requested below is strictly voluntary. Disclosure or refusal to provide the information will not subject you to any adverse treatment. Please check each category that applies to you.

Veteran of the Vietnam-Era

A person who served more than 180 days of active military, navel, or air service, and any part of which was during the period August 5, 1964 through May 7, 1975 and:

1. Was discharged or released with other than a dishonorable discharge. Or
2. Was discharged or released from active duty because of a service related disability.

Disabled Veteran

A) A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more.

B) Or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Special Disabled Veteran

A) A veteran who is entitled to compensation (or who, but for the receipt of military retirement pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated 30% or more, or rated 10 to 20% in the case of a veteran who has been determined under section 1506 of Title 38, U.S.C., to have a serious employment handicap

B) A person who was discharged or released from active duty because of service connected disability.

General Information

List any foreign language(s) you know and check the boxes that describe your ability:

Speak Some Fluently Read Write

(When you've completed the application, save and email to employment@asapambulance.com)