



Northshore EMS, LLC

PO Box 1155
Bogalusa, LA70429

Date: _____

Employment Application

NORTHSHORE EMS CONSIDERS APPLICATIONS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGION, SEX, AGE, DISABILITY, POLITICAL BELIEF, MILITARY SERVICE, OR ANY OTHER PROTECTED CLASS. NORTHSHORE EMS IS A DRUG-FREE WORKPLACE

Name: _____ DOB: _____ SS#: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Applying for: (circle) FULL TIME PART TIME

Available Days: _____

Position Applying for: _____ Available State Date: _____

Education Information

Type	Name of School and Location	Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				
Other:				

Employment History

Dates	Name and Address of Employer	Supervisor	Position	Reason for leaving
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

Certification Information

List only current certifications. Please attach copy of certifications to application.

Type	Certification Number	Expiration Date	Certifying Agency

Questionnaire

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

Do you have a valid Driver's License? **YES NO**

Class: _____ Issued by what State? _____ Driver's License #: _____

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years:

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, 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: _____

Have you ever been.....

- a. Disciplined or terminated for reckless driving? **YES NO**
- b. Placed on probation or terminated for excessive absenteeism? **YES NO**
- c. Disciplined or fired for violation of safety rules? **YES NO**
- d. Disciplined or fired for assault or fighting? **YES NO**
- e. Disciplined or fired for harassment? **YES NO**
- f. Disciplined or fired for patient abuse? **YES NO**
- g. Disciplined or fired for alcohol or drug related activity at work? **YES NO**

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

References

Name	Address	Phone Number	Years Known	Relationship

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.

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.

I understand that I must pass the three month probationary period before being considered a full time NORTSHORE EMS employee and be eligible for any and all applicable benefits. I understand and agree that during the three month probationary period my employment may be terminated with or without reason and promise to hold NORTSHOER EMS and its representatives harmless for any such action.

Applicant's Signature: _____ Date Signed: _____