

Tri-District Ambulance Service

108 Main Street Rock City, IL 61070 Phone: (815) 865-5153

EMPLOYMENT APPLICATION FORM

Tri-District Ambulance Service considers candidates for employement without regard to race, color, notional origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

TRI-DISTRICT AMBULANCE SERVICE IS A DRUG FREE WORKPLACE

PERSONAL INFORMATION

Full Name:

Street Address:

Phone Number:

City:

State:

Hours Requested (FT/PT):

Are you at least 18 years of age? Yes

Zip Code:

No

Date Available to Work:

Requested salary: \$

/per hour

If any, please list relatives or friends employed at Tri-District:

POSITION INFORMATION

Position(s) Applying For:

Have you ever been employed by this organization? (Yes/No)

If "Yes", date:

Prior Position(s):

Reason for leaving:

CERTIFICATION INFORMATION

(list only current certifications - photocopies required at interview)

| Certification | Certification Number | Expiration Date | Certifying Agency |
|-------------------|----------------------|-----------------|-------------------|
| CPR | | | |
| EMT/EMT-P | | | |
| National Registry | | | |
| PALS | | | |
| ACLS | | | |
| BTLS | | | |
| EMD | | | |
| CDL | | | |
| Other: | | | |

WORK REQUIREMENTS AND GENERAL INFORMATION

Can you provide proof, if hired, tht you are eligible to work in the U.S.? (Yes/No)

Do you have a valid Driver's License? (Yes/No)

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 plead guilty or not 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", please 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", please explain:

EMPLOYMENT HISTORY

(list your last three employers or volunteer activities, starting with the most recent)

| Employer Name 8 | Address: | | | |
|-----------------------|-----------------------------------|------------------------|------------------|--|
| Job Title: | | Supervisor: | | |
| Start Date: | Beginning Salary: | End Date: | End Salary: | |
| Job Description (incl | uding duties and responsibilities |): | | |
| Employer's Phone: | | May we contact this em | oloyer? (Yes/No) | |
| Reason for leaving: | | | | |
| Employer Name 8 | Address: | | | |
| Job Title: | | Supervisor: | | |
| Start Date: | Beginning Salary: | End Date: | End Salary: | |
| Job Description (incl | uding duties and responsibilities |): | | |
| Employer's Phone: | | May we contact this em | alover2 (Ves/No) | |
| | | May we contact this em | | |
| Reason for leaving: | | | | |
| Employer Name 8 | Address: | | | |
| Job Title: | | Supervisor: | | |

| Start Date: | Beginning Salary: | End Date: | End Salary: | |
|---------------------|---------------------------------------|------------------------|------------------|--|
| Job Description (in | cluding duties and responsibilities): | : | | |
| | | | | |
| | | | | |
| Employer's Phone: | | May we contact this em | ployer? (Yes/No) | |

Reason for leaving:

MILITARY SERVICE

| Service Branch | Date Began | Date Ended | Rank & Type of Duties | Date Discharged | Location |
|----------------|------------|------------|-----------------------|-----------------|----------|
| | | | | | |

Please explain any gaps in employment:

| Have you ever been: |
|--|
| Disciplined or terminated for reckless driving? (Yes/No) |
| Placed on probation or terminated for excessive absenteeism? (Yes/No) |
| Disciplined/terminated for insubordination? (Yes/No) |
| Disciplined/terminated for a violation of safety rules? (Yes/No) |
| Disciplined/terminated for assault or fighting? (Yes/No) |
| Disciplined/terminated for harassment? (Yes/No) |
| Disciplined/terminated for patient abuse? (Yes/No) |
| Disciplined/terminated for alcohol or drug related actiity at work? (Yes/No) |
| f you answered "Yes" to any of the above questions, please explain: |

Please note: Answers of "Yes" to any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

| High School: | | |
|----------------------------|---------------------------|---------------------------------|
| Name: | Address: | |
| Years Completed: | Did you graduate?(Yes/No) | If no, highest grade completed: |
| Have you received your GED | 0? (Yes/No) | |
| College: | | |
| Name: | Address: | |
| Years Completed: | Did you graduate?(Yes/No) | If no, highest grade completed: |
| Degree: | Major: | |
| Technical School: | | |
| Name: | Address: | |

| Years Completed: | Did you graduate?(Yes/No) | If no, highest grade completed: |
|-----------------------|---------------------------|---------------------------------|
| Certificate/License#: | | Expires: |

Other School/Training:

| Name: | Address: | |
|-----------------------|---------------------------|---------------------------------|
| Years Completed: | Did you graduate?(Yes/No) | If no, highest grade completed: |
| Certificate/License#: | Expires: | |

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

| REFERENCES Please list three persons, other than relatives, who have knowledge of your experience and/or education: | | | |
|--|-------------|---------------|--|
| Name: | Occupation: | Phone Number: | |
| Email address: | | | |
| Name: | Occupation: | Phone Number: | |
| Email address: | | | |
| Name: | Occupation: | Phone Number: | |
| Email address: | | | |

ACKNOWLEDGEMENT

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 the completion of this application does not mean that job openings exist and does not obligate Tri-District Ambulance Services 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 Tri-District Ambulance Service 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 any physical samples (such as blood or hair) prior

to employment and again at any time if so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test result for legal substances will require proof of a current prescription. I further consent to allow my 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 information which Tri-District Ambulance Service deems necessary to determine my ability to perform my 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 Tri-Distric Ambulance Service.

I hereby authorize Tri-District Ambulance Service to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employemnt, including a criminal history check, driving history check, child abuse clearance check, and other 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 Tri-District Ambulance Service may be terminated.

Applicant signature:

Date: