



EMT, Inc. is a leading private ambulance company serving the Greater Miami Valley in Ohio providing both emergency and non-emergency Advanced Life Support (ALS), Basic Life Support (BLS) and Ambulette (wheelchair van) services for all types of patients. Our biggest assets are our employees and want the employees to take pride in their work and workplace.

Application for Employment

EMT, Inc. is an equal access/equal opportunity/affirmative action employer. Qualified applicants are considered for all positions without regard to race, color, religion, national origin, age, disability, marital or veteran status.

How to apply

Complete the following application and ensure that all sections are complete. Please review the information, ensure it is accurate and truthful. The last page **MUST** be initialed and signed prior to turning the completed application to Human Resources. Your completed application can be submitted via:

Mail to... E.M.T., Inc.
Attn: Human Resources Department
650 Harco Drive, Clayton, OH 45315-8752

Fax... Attention: Human Resources Department
(937) 456-1425

eMail... applications@emt-inc.net



Application for Employment

Personal Information

Last Name	First Name	MI

Street address / Apt Number

City	ST	Zip+4
		-

Social Security Number	Today's Date – MM/DD/YY
- -	/ /

Home Phone	Pager	Other
() -	() -	() -

Emergency Contact Name	Phone Number
	() -

Are you active with any branch of the Military? Yes, No

Position Applied For

EMT Basic <input type="checkbox"/>	Billing <input type="checkbox"/>	Full Time <input type="checkbox"/>
EMT Intermediate <input type="checkbox"/>	Dispatch <input type="checkbox"/>	Part Time <input type="checkbox"/>
EMT Paramedic <input type="checkbox"/>	Scheduling <input type="checkbox"/>	
Ambulette Driver <input type="checkbox"/>	Other: <input type="text"/>	Desired Pay \$ /hour

Special Training or Qualifications	
Special Interests that Apply	

Have you ever applied with us before? <input type="checkbox"/> Yes, <input type="checkbox"/> No
If so, when? <input type="text"/>

Can you, with or without reasonable accommodation, perform all of the duties of the position for which you are applying? Yes, No

When can you start if you are hired?	/ /
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Application for Employment

References

Name	Telephone	Years Acquainted	Relationship
	() -		
	() -		
	() -		
	() -		

Education

	Name of School & Location	Subjects Studied	Years Completed	Degree / Diploma
High School				
College				
Other				
Other				

Employment History

Dates	from / / to / /
Current Employer	
Address	
Position	
Salary	\$ per hour, or \$ per year
Duties	
Why did you leave?	

If you are currently employed, may we contact your employer? Yes, No

Please list your last three (3) employers, most recent to oldest. Include any fire department or emergency squad experience.

Dates	from / / to / /
Employer	
Address	
Position	
Salary	\$ per hour, or \$ per year
Duties	
Why did you leave?	

Dates	from / / to / /
Employer	
Address	
Position	
Salary	\$ per hour, or \$ per year
Duties	
Why did you leave?	

All sections must be fully completed and accurate. Information will be verified prior to employment and false information may cause your application not to be considered, or your employment terminated.



Application for Employment

Background Information

Driver's License	State	Number	Endorsement	Expiration
				/

Has your driver's license ever been suspended, or revoked, for any reason? Yes, No

Driving Record	Give dates and descriptions of any accidents or citations and suspensions...
	/ /
	/ /
	/ /

Due to state governing agencies, it is necessary that we run your Bureau of Motor Vehicle and Bureau of Criminal Investigation record...

PLEASE NOTE, if you have 6 or more points on your license you will NOT be eligible for a position that requires driving.

Our insurance requires our employees to be at least 21 yrs of age to drive and does require your birth date.	Date of Birth	/ /
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Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes, <input type="checkbox"/> No	If yes, explain:
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EMS Applicants Only

Certification Level		Certification Level	
Certification Number		Certification Number	
Expiration	/ /	Expiration	/ /
State / National		State / National	
Certified Since	/ /	Certified Since	/ /

Years Experience in EMS	years
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Certified in	ACLS	<input type="checkbox"/> Yes, <input type="checkbox"/> No	Other	List Other Certification(s)
	PALS	<input type="checkbox"/> Yes, <input type="checkbox"/> No		
	BTLS	<input type="checkbox"/> Yes, <input type="checkbox"/> No		

Instructor Certifications	
Status of Continuing Education	
Plans for higher level of training?	

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Application for Employment

Acknowledgement(s)

I authorize investigation of all statements contained herein. I expressly authorize, without reservation, the employer, its representatives or designees to contact and obtain information from all references, previous employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I release all parties from any and all liability for any damage that may result from furnishing information to the Company.

Applicant's Initials: _____

I understand and agree that, if hired, my employment with the Company is known as an "at will" relationship. Simply stated, that means that we are working together for mutual benefit and either I or the Company may discontinue the employment relationship at any time, with or without cause or advance notice.

Applicant's Initials: _____

I understand that if I am hired, I will be required to show proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I understand that this application is only current for a period of one year. After one year, if I wish to pursue employment with E.M.T., Inc. I will need to reapply and fill out a new application.

Applicant's Initials: _____

I understand that if I am provided with training and I do not complete six months of employment, a service charge of \$150.00 for pre-employment processing and training prorated over the six months will be deducted from my final paycheck.

Applicant's Initials: _____

I understand that should I be involved in an accident and found at fault or negligent in my duties and responsibilities I may be held responsible for property damage repair up to \$500.00.

Applicant's Initials: _____

I understand that I must submit to and pass a pre-employment drug screening and a successful physical signed by a physician that I am capable of performing the functions of the job for which I am hired. Furthermore, I understand that the company has a policy that permits random drug screening of its employees and in the event a future drug screening is not passed my employment will be based upon the successful completion of a Drug Free Workplace Program.

Applicant's Initials: _____

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be grounds for canceling any further consideration of this application and, if found after being hired, may be grounds for immediate termination of employment.

Applicant's Signature		Date	/	/
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Interviewer's Signature		Date	/	/
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Notary's Signature		Date	/	/
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This application must be printed, properly initialed, signed and submitted to Human Resources prior to beginning new employment training.

All sections must be fully completed and accurate. Information will be verified prior to employment and false information may cause your application not to be considered, or your employment terminated.