



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION (PLEASE PRINT)

Date	Social Security No.	Home No. ()
Name Last First Middle Maiden	Cell No. ()	
Address Number Street City State Zip	Pager No. ()	
If you are under 18, list age	Best time to be reached	Other No. ()

REFERRAL SOURCE (PLEASE PRINT)

Walk In Newspaper Web-site Employee Relative Other _____
If referred by friend, employee or relative, please state who: _____
If referred by a newspaper, which one: _____

POSITION DESIRED (PLEASE PRINT)

EMT EMT/I Paramedic Dispatch Wheelchair Marketing Business Office

Days / Hours available to work

No Pref _____ Tue _____ Thur _____ Sat _____
Mon _____ Wed _____ Fri _____ Sun _____

Employment desired Full-time only Part-time only Full or Part-time

How many hours can you work weekly Min hrs. _____ Max hrs. _____ Can you work weekends? Yes No Can you work nights? Yes No

Are you currently enrolled in school? Yes If yes, where? _____ For What? _____
 No

What days do you have classes on? _____

Do you have another job? Yes No Do you plan to continue working? N/A Yes No

Are you available to work immediately? Yes No If no, when? _____

EDUCATION (PLEASE PRINT)

High School	Location	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	Year Graduated
College or University	Location		
Last year completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major	Year Graduated
Graduate or Professional School	Location		
Last year completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major	Year Graduated

Check all that apply

- ACLS PHTLS PPCP CPR BTLS NALS PALS ABLS HAZMAT
 ACLS/I PHTLS/I PPCP/I CPR/I BTLS/I NALS/I PALS/I ABLS/I EVAC

List any other certifications

CRIMINAL HISTORY (PLEASE PRINT)

Have you ever been convicted of a crime? Yes No
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

MILITARY HISTORY (PLEASE PRINT)

Have you even been in the armed forces? Yes No Are you now a member of the National Guard? Yes No
Specialty _____ Date Entered _____ Discharge Date _____

MEDICAL HISTORY (PLEASE PRINT)

Working on any ambulance requires lifting, bending, pulling, pushing and being in uncomfortable positions. If you are unable to perform these task without hurting, please answer the following question?

Are you allergic to latex gloves? Yes No
Have you ever been injured while working? Yes No If yes, when _____
Have you ever been on Workmen’s Comp? Yes No If yes, when _____
Why were you on Workmen’s Comp ? _____
Have you had the Hepatitis vaccine series? Yes No If yes, when _____
Please list all medical conditions which you have _____

Please list any medication which you are required to take regularly _____

DRIVING RECORD (PLEASE PRINT)

Do you have a driver’s license? Yes No State of issue _____ Expiration date _____
What is your means of transportation to work? _____ Are you required to wear Yes
glasses when driving? No
Driver’s license Number _____ Operator Commercial (CDL) Chauffeur
Have you had any accidents during the past three years? Yes No How many? _____
Have you had any moving violations during the past three years? Yes No How Many? _____
Have you ever had a DUI / DWI? Yes No If yes, when did you get it _____

Note: All applicant’s driving records are verified with the Texas Department of Public Safety on Decker Drive in Baytown, Texas.

HOBBIES AND INTEREST (PLEASE PRINT)

Please list any hobbies that you have _____

OFFICE SKILLS (PLEASE PRINT)

What computer operating systems have you worked with before? _____
What is your typing speed _____ wpm List all software which you are familiar with _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Bay Star Ambulance Service, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Bay Star, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Manager of Bay Star. Both the undersigned and Bay Star may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Bay Star may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Bay Star permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Bay Star from any liability as a result of such contract.

I also understand that (1) Bay Star has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, Bay Star may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, Bay Star, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with Bay Star shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with Bay Star is terminable at will for any reason by either party.

I understand that Bay Star does not subscribe to Workmen's Compensation. Bay Star does carry a supplemental accidental policy, which does provide compensation of salary and insurance protection. I understand that if a physician places me on light duty, Bay Star will not be required to provide light duty to me.

I understand that Bay Star will not tolerate sexual or any other form of unlawful harassment. I understand that I have the affirmative obligation to report it. I also understand that unlawful harassment is grounds of disciplinary action up to and including immediate dismissal.

Please print your name _____

Signature of applicant _____ **Date:** _____

Bay Star Ambulance Service is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Bay Star Ambulance Service depends solely on your qualifications.

Thank you for completing this application form and for your interest in Bay Star Ambulance Service. Your application for employment will be maintained in our Human Resources Department for twelve (12) months.