Ambulance Service Management Corporation (ASMC)
An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT
Date Prepared _____/_____/_____

A. PERSONAL INFORMATION

Name_____
Last First Middle

Address_____ City/St._____ Zip _____

Are you over the age of 18? ❑ YES ❑ NO Email_____

Home Telephone_____ Cellular Telephone_____

Have you previously been employed by ASMC? ❑ YES ❑ NO

If YES, location & dates of employment_____

Which of the following are you applying for? ❑ Full time ❑ Part time

Position:_____ Preferred work hours: _____

Location:

1. Citizens' Ambulance Service, Inc.

Station 10 ❑ (Indiana)	Station 20 ❑ (Blairsville)	Station 30 ❑ (Plumville)	Station 40 ❑ (Starford)	Station 50 ❑ (Wheatfield/Clyde)
Station 70 ❑ (West Pike)	Station 81 ❑ (Elderton)	IRP ❑	Office ❑	Van ❑

2. Jefferson County Emergency Medical Services, Inc.

Station 90 ❑ (Brookville)	Station 50 ❑ (Punxsutawney)	Office ❑	Van ❑

B. EDUCATION

School (H.S., Business School, College or University, and school presently attending)	**City/ State**	**Degrees, certification, credits, earned, or subjects of specialization**

C. EMS CERTIFICATIONS (if applicable)

Certification Type	(PA) Certification No.	Expiration Date

ADDITIONAL EMS TRAINING i.e., ACLS, CPR, PALS, PHTLS/ITLS, EVOC/EVDT
(Use back of paper if necessary)

Training Type	Expiration Date

D. ELIGIBILITY

If hired, would you be able to perform all the essential functions and all the necessary job assignments of the particular job for which you are applying? ❑ YES ❑ NO

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? ❑ YES ❑ NO
(Proof of identity and eligibility will be required upon employment)

Have you ever been convicted of a crime? ❑ YES ❑ NO

Have you ever been excluded or are you currently excluded from participating in any federally funded health care program, such as Medicare or Medicaid? ❑YES ❑NO

If yes, please explain:

_____

List any professional trade business or civic organizations that deal with the position for which you are applying:

_____

E. PREVIOUS EMPLOYMENT & VOLUNTEER EXPERIENCE (Begin with the present or most recent employer)

Company & Supervisor's Name	**Position**	**Dates of Employment(Mo/Yr to Mo/Yr)**
Phone or Email	**Wages**	**Reason for leaving**
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Ambulance Service Management Corporation is an equal opportunity employer and all applicants will receive consideration for employment without regard to race, color religion, sex, national origin, disability status, protected veteran status, or any other characteristics protected by law.

IMPORTANT PLEASE READ AND SIGN

I understand that in the event my application for employment is accepted, the effective date of acceptance and of my employment shall be the time I actually commence work. If I am employed, I agree to comply with, and be bound by all policies and rules and regulations of Ambulance Service Management Corporation. I further understand that, if employed, my employment will be subject to the conditions of any applicable conditional offer requirements established by Ambulance Service Management Corporation. If required, I agree to submit to a post-offer, pre-employment medical examination and/or essential function test and periodic medical examinations thereafter. I authorize investigation of all statements contained in this application, and do hereby release any investigation of all statements contained in this application and also release any and all persons, companies or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto. I understand that any information that I may have provided herein concerning my status as a disabled individual will be held confidential, except as may be necessary, if I am employed, to inform my supervisor of necessary accommodations or work restrictions. I further understand that misrepresentation or omission of facts called for on this application is cause for rejection of this application or subsequent dismissal from employment. I hereby affirm that all of my statements are true and correct.

Signature **Date**