



Thank you for your interest in ProMed Ambulance. If you need assistance completing this application form, please contact our Human Resources department. ProMed Ambulance is an Equal Opportunity Employer and selects the best matched individual for the job regardless of race, color, national origin, gender, age, marital status, veteran's status or a physical limitation. Your application will be kept on file for six (6) months. At the end of that period, if you are still interested in employment, it will be necessary to reapply by filling out a new application form.

PERSONAL INFORMATION

_____ Date of Application ____/____/____
 Last Name, First Name M.I.

_____ SSN _____
 Street Address

_____ Home Phone _____
 City State Zip Code

Message Phone _____ Cellular _____ E-mail Address _____

Position Desired: EMT-A EMT-Intermediate EMT-P Other: _____ Pay Desired \$ _____

Date you can begin work ____/____/____

WORK ELIGIBILITY

Are you legally eligible for employment in the United States? Yes No If "no", are you attempting to obtain work status? Yes No

Are you at least 18 years of age and a legal motor vehicle driver in that State of Arkansas? Yes No

Are you able to perform the duties for the position you are applying for with or without an accommodation?
 Yes, with accommodation Yes, without accommodation

List accommodation: _____

Act 666 of the State of Arkansas requires all EMS personnel complete criminal background checks as a requirement of Arkansas EMT certification.

Have you ever been convicted of a felony? (Convictions will not necessarily prohibit you from employment considerations) Yes No

If "yes", give all dates, places, charges & dispositions: _____

EDUCATION / TRAINING / CERTIFICATION

Arkansas EMT No. _____ Level _____

If not an Arkansas EMT, are you seeking Arkansas reciprocity? Yes No Date applied for ____/____/____

School	Name / Location	Major	Graduation Date Degree or Certificate
High School:	_____	_____	_____
College:	_____	_____	_____
Vocational School:	_____	_____	_____
Other:	_____	_____	_____

SPECIAL SKILLS / TRAINING COURSES (eg. PALS, PHTLS, BTLS, ACLS, instructor credentials, etc.)

Continued on back

Previous Employers

List all work experience including military, beginning with your present or last position.

Employer _____	Telephone Number _____	Status of Employment _____
Supervisor / Title _____	Reason for leaving? _____	
State job title and describe your duties: _____		

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Supervisor / Title _____	Reason for leaving? _____	
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Personal / Professional References

List personal and/or professional references we may contact.

Name _____	Telephone Number _____	Relationship / Position / Title _____
Address _____	How long have you known this person? _____	
City _____	State _____	Zip Code _____

Name _____	Telephone Number _____	Relationship / Position / Title _____
Address _____	How long have you known this person? _____	
City _____	State _____	Zip Code _____

May we contact the above listed employers? [] Yes [] No

I understand that submitting this application to ProMed Ambulance, Inc. is no guarantee of employment. Applicants may be asked to provide additional information or to complete additional background checks as part of the application process. ProMed reserves the right to reject any and all applications.

Applicant Signature: _____ Date: ____/____/____

FOR OFFICE USE

Comments: _____

Thank You!