



Regional Emergency Medical Services Authority
Regional Ambulance Service, Inc.
Med-Express Transport, Inc.
Care Flight
SEMSA

EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT LEGIBLY
 Applications not filled out
 completely will be rejected.

TITLE OF JOB FOR WHICH YOU ARE APPLYING FIRST CHOICE:				SECOND CHOICE:		
Note: Applications for "Any Job" will not be considered.						
GENERAL INFORMATION						
FULL NAME (PLEASE PRINT) LAST		FIRST		MIDDLE		DATE
RESIDENCE ADDRESS	STREET	CITY	STATE	ZIP		
MAILING ADDRESS	STREET	CITY	STATE	ZIP		
<input type="checkbox"/> SAME						
PRIOR MAILING ADDRESS	STREET	CITY	STATE	ZIP		
PRIMARY TELEPHONE (INCLUDE AREA CODE)		SECONDARY TELEPHONE (INCLUDE AREA CODE)		EMAIL		
In accordance with the Immigration Reform and Control Act of 1986 all offers of employment are conditioned upon proof of the applicant's identity and legal ability to work in the United States.			ARE YOU A UNITED STATES CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHEN ARE YOU ABLE TO WORK? (CHECK ALL THAT APPLY) <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> EVENINGS <input type="checkbox"/> WEEKENDS						
WILL YOU WORK FULL TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO			WILL YOU WORK PER DIEM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF EMPLOYED, ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?			DO YOU SPEAK ANY OTHER LANGUAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LIST IF APPLICABLE TO POSITION REQUESTED						
DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY REMSA, RASI, SEMSA, CARE FLIGHT, MED-EXPRESS TRANSPORT, INC? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, PLEASE STATE THE RELATIVE'S NAME(S):						
State and federal law impose minimum age requirements for employment. If an offer of employment is made, it will be subject to verification that the applicant's age meets the legal requirements. If necessary, can you furnish proof of age? <input type="checkbox"/> YES <input type="checkbox"/> NO						
WERE YOU REFERRED BY A CURRENT EMPLOYEE? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, whom: _____						
HAVE YOU APPLIED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN: _____						
WERE YOU EVER EMPLOYED HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN: _____						
Have you ever been convicted or found guilty by any court of any felony offense or any gross misdemeanor or simple misdemeanor offense other than a minor traffic offense? (Driving a vehicle while intoxicated or under the influence of alcohol or drugs, or reckless driving, are NOT considered to be "minor traffic offenses".			<input type="checkbox"/> YES <input type="checkbox"/> NO (Convictions do not necessarily disqualify you from employment)			
IF YES, PROVIDE ALL DATES, LOCATIONS, AND NATURE OF ANY CONVICTIONS.						

EDUCATION

NAME OF SCHOOL ATTENDED	LOCATION	DATES ATTENDED	GRADUATED	TYPE OF COURSES	DIPLOMA, MAJOR
LAST HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE OR UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE OR UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO		
TECH. OR VOCATIONAL SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		

OTHER TRAINING, APPRENTICESHIP, SPECIAL SKILLS, ADDITIONAL CERTIFICATES

PROFESSIONAL LICENSES, CERTIFICATIONS, REGISTRATIONS - COMPLETE THIS SECTION IF APPLICABLE

ARE YOU CURRENTLY: LICENSED CERTIFIED REGISTERED NATIONALLY REGISTERED

TYPE	NUMBER	STATE OF ISSUE	EXPIRATION DATE

OFFICE SKILLS

OTHER QUALIFICATIONS

ARE YOU FAMILIAR WITH THE FOLLOWING COMPUTER PROGRAMS?
 WORD WORD PERFECT EXCEL
 POWER POINT MICROSOFT ACCESS QUICKBOOKS

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM ANY PREVIOUS EMPLOYMENT? YES NO
 IF "YES" PLEASE EXPLAIN: _____

ARE YOU NOW WORKING MORE THAN ONE JOB? YES NO
 IF "YES" PLEASE EXPLAIN: _____

COMPLETE BELOW IF APPLICABLE TO POSITION REQUESTED

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO STATE: _____ LICENSE NUMBER: _____ EXPIRES: _____

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE DENIED, SUSPENDED, OR REVOKED? YES NO
 IF "YES" PLEASE EXPLAIN: _____

DRIVING RECORD (LAST 3 YEARS)

MOVING VIOLATIONS:	TYPE	LOCATION	DATE

ACCIDENTS:	NATURE	LOCATION	DATE

PLEASE TYPE OR PRINT LEGIBLY. Applications not filled out completely will be rejected.

PLEASE ATTACH A RESUME IN ADDITION TO BELOW INFORMATION

PROVIDE EMPLOYMENT HISTORY FOR THE PAST 7 YEARS - BEGIN WITH THE MOST RECENT EMPLOYER FIRST. ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY SERVICE AND ANY PERIODS OF UNEMPLOYMENT. IF SELF-EMPLOYED, GIVE FIRM NAME AND SUPPLY BUSINESS REFERENCES.

FROM: _____ (month/year) TO: _____	EMPLOYER'S NAME: _____ HOURS: PER WEEK: _____
	ADDRESS: _____ SALARY: _____
LAST NAME WHILE EMPLOYED: _____	CITY & STATE: _____ ZIP: _____
	SUPERVISOR: _____ PHONE _____
	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: _____

JOB TITLE: _____

DESCRIBE DUTIES: _____

REASON FOR LEAVING: _____

FROM: _____ (month/year) TO: _____	EMPLOYER'S NAME: _____ HOURS: PER WEEK: _____
	ADDRESS: _____ SALARY: _____
LAST NAME WHILE EMPLOYED: _____	CITY & STATE: _____ ZIP: _____
	SUPERVISOR: _____ PHONE _____
	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: _____

JOB TITLE: _____

DESCRIBE DUTIES: _____

REASON FOR LEAVING: _____

FROM: _____ (month/year) TO: _____	EMPLOYER'S NAME: _____ HOURS: PER WEEK: _____
	ADDRESS: _____ SALARY: _____
LAST NAME WHILE EMPLOYED: _____	CITY & STATE: _____ ZIP: _____
	SUPERVISOR: _____ PHONE _____
	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: _____

JOB TITLE: _____

DESCRIBE DUTIES: _____

REASON FOR LEAVING: _____

FROM: _____ (month/year) TO: _____	EMPLOYER'S NAME: _____ HOURS: PER WEEK: _____
	ADDRESS: _____ SALARY: _____
LAST NAME WHILE EMPLOYED: _____	CITY & STATE: _____ ZIP: _____
	SUPERVISOR: _____ PHONE _____
	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: _____

JOB TITLE: _____

DESCRIBE DUTIES: _____

REASON FOR LEAVING: _____

MILITARY SERVICE

FROM: _____ BRANCH OF SERVICE: _____ JOB TITLE _____

TO: _____ RANK ON SEPARATION: _____ REASON FOR LEAVING: _____

LAST NAME WHILE IN SERVICE: _____

DESCRIBE DUTIES: _____

PROFESSIONAL REFERENCES		
NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

APPLICATIONS WILL BE KEPT UNDER ACTIVE CONSIDERATION FOR ONE (1) YEAR.

IMPORTANT!

PLEASE READ CAREFULLY BEFORE SIGNING.

IF YOU DO NOT UNDERSTAND ANY OF THE FOLLOWING, PLEASE ASK FOR ASSISTANCE.

Any applicant will be immediately rejected for employment or, if hired, dismissed without notice for giving false information in this application or failing to accurately provide information requested.

- I have truthfully disclosed all information requested in this application.
- I understand that it is the policy of the Company that all employees are employed at the will of both the employee and the Company. This means the employee may quit at any time, for any reason or no reason, with or without notice. Similarly, the Company may terminate employment at any time, for any reason, or no reason, with or without notice. There is no contractual promise or legal requirement by either the employee or the Company that employment will be for any set period. Nor is there any contractual promise or legal requirement that employment will be terminated only under particular circumstances, under a particular procedure, or with a particular type of notice. Any exception to this policy of employment-at-will may only be made in writing and signed by the President of the Company. This policy is not modified by any statements, express or implied, contained in any employment handbook, application, memoranda, policy, manual or procedures, or any other materials provided to applicants or employees in connection with their employment. Nor is this policy modified by any oral statements or conduct, expressed or implied. This policy supersedes any and all written, oral, or implied representations that are in any way inconsistent with it.
- I understand that the Company is dedicated to providing all employees with a safe and healthful work environment that is free of illegal drugs and alcohol. Therefore, as part of the Company's employment procedures, I hereby consent to undergo a post-offer, pre-employment drug and/or alcohol screening conducted by a physician designated by the Company. I understand that applicants must successfully pass such screening to become an employee of the Company.
- I understand that it is also the policy of the Company to provide equal opportunity and equal treatment for all employees and applicants, regardless of race, religion, color, sex, age, national origin, disability, sexual orientation, veteran status, or any other basis prohibited by law. This policy applies to all terms, conditions, and privileges of employment including, but not limited to, recruitment and hiring, opportunities for advancement, participation in training programs, wages, salaries or benefits. We strongly encourage qualified individuals to apply for any available position with the Company. An effective equal opportunity in employment program cannot be achieved without the support of employees at all levels. Any employee who believes he/she may be a victim of prohibited discrimination must report the allegation of discrimination to his/her immediate manager or supervisor.
- I authorize contact with any person or entity named in this application and any other person or entity who may have knowledge concerning my past and I authorize all those who are acquainted with me, including, but not limited to previous employers, references, and law enforcement agencies asked to provide a record of criminal history in accordance with Nevada State law, to furnish any and all information they may have concerning me which may be material to my qualifications for the job for which I have applied.
- I hereby fully release my prospective employer, its agents and any person or entity that provides or receives information pursuant to this application from any and all liability and any damage which may arise there from.
- I understand that it is also the policy of the Company to ensure that patient information and Company information shall be and is considered confidential. All employees have an obligation to respect and protect the confidentiality of such information. This obligation by all employees continues even after termination of employment.

I have read and understand all the provisions of this application for employment.

DATE: _____ **SIGNATURE:** _____