MEDIC EMS
APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Name (Last)	(First)		(Middle Initial)	Primary Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip)	Other Telephone ( ) -
E-Mail Address	Are you legally entitled to work in the U.S.? ☐ Yes ☐ No			

POSITION

Position or Type of Employment Desired	Will Accept:	Shift:
	☐ Part-Time ☐ Full-Time ☐ Volunteer	☐ Day ☐ Evening ☐ Night ☐ No Preference
Date Available		

EDUCATION AND TRAINING

High School (Most recent)

Name and Location	Dates Attended Month/Year		Graduate
	From	To	☐ Yes ☐ No

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			☐ Yes ☐ No		
	To					
	From			☐ Yes ☐ No		
	To					
	From			☐ Yes ☐ No		
	To					
	From			☐ Yes ☐ No		
	To					

Professional License(s)

Level	State/Organization	Number	Expiration Date
☐ Critical Care Paramedic	☐ Iowa		
	☐ Illinois		
	☐		
☐ Paramedic	☐ Iowa		
	☐ Illinois		
	☐ National		
☐ AEMT	☐ Iowa		
	☐ Illinois		
	☐ National		
☐ EMT	☐ Iowa		
	☐ Illinois		
	☐ National		

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Professional License(s) (continued)			
Level	State/Organization	Number	Expiration Date
☐ EMD	☐ IAED		
	☐ APCO		
	☐ Illinois		
☐ Driver's License ☐ Class C ☐ Class D ☐ CDL Class A, B, or C	☐ Iowa		
	☐ Illinois		
	☐		
☐ CPR-Healthcare Provider			
☐ ACLS			
☐ PALS			
☐ PHTLS/BTLS			
Additional License, Certificate or Registration	Number	Where Issued	Expiration Date

Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge

WORK EXPERIENCE (Most Recent First) (Include volunteer work and military experience)

Are you Presently Employed? ☐ Yes ☐ No

Employer	Telephone Number ( ) -	From (Month/Year)
Address	Number Employees Supervised	
Job Title		To (Month/Year)
May We Contact This Employer? ☐ Yes ☐ No If Yes, Please indicate whom to contact:		
Reason For Leaving		Supervisor

Specific Duties (Maximum 1000 characters)

Employer	Telephone Number ( ) -	From (Month/Year)
Address	Number Employees Supervised	
Job Title		To (Month/Year)
May We Contact This Employer? ☐ Yes ☐ No If Yes, Please indicate whom to contact:		
Reason For Leaving		Supervisor

Specific Duties (Maximum 1000 characters)

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Employer	Telephone Number ( ) -	From (Month/Year)
Address	Number Employees Supervised	
Job Title		To (Month/Year)
May We Contact This Employer? ☐ Yes ☐ No If Yes, Please indicate whom to contact:		
Reason For Leaving		Supervisor
Specific Duties (Maximum 1000 characters)		

Employer	Telephone Number ( ) -	From (Month/Year)
Address	Number Employees Supervised	
Job Title		To (Month/Year)
May We Contact This Employer? ☐ Yes ☐ No If Yes, Please indicate whom to contact:		
Reason For Leaving		Supervisor
Specific Duties (Maximum 1000 characters)		

PERSONAL REFERENCES

Name	Title or Occupation/Employer	Relationship	Contact Phone Number

PERSONAL

Are you under 18 years of Age? ☐ Yes ☐ No
Are you a U.S. Citizen or Resident Alien? ☐ Yes ☐ No Pending Explain:
Have you ever been employed by MEDIC EMS? ☐ Yes ☐ No If Yes, dates employed
Do you have any relatives employed at MEDIC EMS? ☐ Yes ☐ No If Yes, Name Relationship
By what source were you referred to MEDIC EMS for Employment?

ADDITIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, special skills, etc. (You may exclude all information indicative of age, race, religion, color, national origin, or disability.)

EMERGENCY CONTACT INFORMATION

Last Name	First Name	Relationship
Address		
City	State	Zip
Primary Phone	Secondary Phone	

☐ A Motor vehicle Report from your Licensing State along is required for positions that have driving responsibilities. The report must be submitted with the application and be dated no more than 10 days before your application submission.

MEDIC EMS
APPLICATION FOR EMPLOYMENT

MEDIC EMS IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE IN HIRING OR EMPLOYING, IN ACCORDANCE WITH THE REQUIREMENTS OF ALL APPLICABLE STATE AND FEDERAL LAWS, ON THE BASIS OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, ANCESTRY, MARITAL STATUS, UNFAVORABLE MILITARY DISCHARGE, DISABILITY OR AGE. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION. IT IS THE POLICY OF MEDIC EMS TO PERFORM PRE-EMPLOYMENT DRUG TESTING.

IN COMPLETING THIS APPLICATION I CERTIFY ALL MY INFORMATION IS TRUST AND CORRECT AND THAT I UNDERSTAND THE QUESTIONS AND STATEMENTS CONTAINED IN THIS FORM IN THEIR ENTIRETY AND THAT MY EMPLOYMENT IS SUBJECT TO REFERENCES BEING OBTAINED AND TO SUCCESSFUL COMPLETION OF A PRE-EMPLOYMENT DRUG SCREEN, PHYSICAL ASSESSMENT, FUNCTIONAL SCREENING AND BACKGROUND CHECK. I ALSO UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF THE FACTS REQUESTED IN THIS APPLICATION OR ANY OTHER MEDIC EMS DOCUMENT THAT I COMPLETE MAY BE CAUSE FOR THE REJECTION OF MY APPLICATION OR MY IMMEDIATE TERMINATION SHOULD I BE EMPLOYED BY MEDIC EMS AND I AGREE THAT MEDIC EMS MAY RELY UPON SUCH AFTER-ACQUIRED EVIDENCE AS A COMPLETE DEFENSE TO ANY FUTURE CLAIM ASSERTED BY ME AGAINST MEDIC EMS.

IN ADDITION, I HEREBY AUTHORIZE THE RELEASE OF ANY INFORMATION REGARDING MY SCHOOL RECORDS OR PREVIOUS EMPLOYMENT AND HEREBY RELEASE ALL PARTIES FROM ANY AND ALL LIABILITY OF DAMAGES FROM PROVIDING THE INFORMATION REQUESTED, IF EMPLOYED BY MEDIC EMS, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF MEDIC EMS, INCLUDING THE EMPLOYEE HANDBOOK AND AS AN EMPLOYEE AT WILL I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITHOUT CAUSE, AND WITHOUT PRIOR NOTICE AT ANY TIME, AT THE OPTION OF EITHER MEDIC EMS OR MYSELF. I UNDERSTAND THAT MY APPLICATION WILL BE KEPT ON FILE FOR A PERIOD OF SIX MONTHS. AT THE END OF THAT PERIOD MY APPLICATION WILL BECOME INACTIVE. IF I WANT TO BE GIVEN FURTHER EMPLOYMENT CONSIDERATION, I WILL BE REQUIRED TO UPDATE MY APPLICATION WITH THE PERSONNEL DEPARTMENT.

Signature of Applicant_____ **Date**_____