

# AMERICAN MEDICAL RESPONSE

## NORTHERN CALIFORNIA DIVISION - APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

IT IS THE PRACTICE OF THIS COMPANY TO SELECT AND PROMOTE CURRENT EMPLOYEES ON THE BASIS OF THEIR QUALIFICATIONS WITHOUT REGARD TO NATIONAL ORIGIN, AGE, RACE, SEX, COLOR, RELIGION, OR HANDICAP

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
CURRENT ADDRESS, NUMBER, AND STREET			HOW LONG THERE?
CITY, STATE, ZIP CODE		HOME PHONE	MESSAGE PHONE
LAST PREVIOUS ADDRESS (U.S. ONLY) NUMBER AND STREET		CITY, STATE, ZIP	HOW LONG THERE?
IF ABOVE ADDRESSES COVER LESS THAN 5 YEARS, GIVE OTHER FULL ADDRESSES HERE:			

### EMPLOYMENT DESIRED:

POSITION APPLIED FOR	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO INDICATE LANGUAGE:	
HAVE YOU WORKED FOR ANY DIVISION OF AMR OR PREDECESSOR COMPANY BEFORE? IF YES, STATE DIVISION AND DATE LEFT. <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER APPLIED TO OUR COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU ACCEPT TEMPORARY WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPING SPEED WORDS PER MINUTE
<b>COMPLETE SECTION ONLY IF DRIVING IS A POTENTIAL JOB REQUIREMENT</b>			
DO YOU HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO STATE: _____ LIC#: _____	DO YOU HAVE A VALID AMBULANCE DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO STATE: _____ LIC#: _____		
HAVE YOU HAD ANY CONVICTIONS FOR RECKLESS DRIVING, DRIVING WITH A SUSPENDED OR REVOKED LICENSE, DRIVING WHILE INTOXICATED, OR DRIVING WHILE UNDER THE INFLUENCE OF DRUGS WITHIN THE LAST FIVE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU HAD ANY MOVING VIOLATIONS WITHIN THE LAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

### LICENSES AND CERTIFICATIONS (IF APPLICABLE):

<input type="checkbox"/> E.M.T. CERTIFICATION STATE: _____ EXP. DATE: _____	<input type="checkbox"/> ACLS CERTIFICATION STATE: _____ EXP. DATE: _____
<input type="checkbox"/> PARAMEDIC CERTIFICATION STATE: _____ EXP. DATE: _____	<input type="checkbox"/> CPR CERTIFICATION STATE: _____ EXP. DATE: _____
<input type="checkbox"/> BTLs/PHTLS CERTIFICATION (CIRCLE ONE) EXP. DATE: _____	<input type="checkbox"/> OTHER LICENSES AND CERTIFICATIONS: _____
<input type="checkbox"/> PALS/APLS CERTIFICATION (CIRCLE ONE) EXP. DATE: _____	

### PERSONAL DATA:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN (GIVE DATE, TYPE, AND PLACE OF CONVICTION)		
HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN		
PROFESSIONAL ORGANIZATIONS, SPECIAL INTERESTS, HOBBIES (OMIT ANY WHICH MIGHT INDICATE RACE, RELIGION, COLOR, AGE, SEX, NATIONAL ORIGIN OR ANCESTRY)		
<b>CITIZENSHIP</b>	<b>MILITARY DATA</b>	
CAN YOU, AFTER EMPLOYMENT, SUBMIT A BIRTH CERTIFICATE OR OTHER PROOF OF U.S. CITIZENSHIP?	SERVICE BRANCH FINAL RANK OR RATE	
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?	SPECIALTY RESERVE STATUS	
CAN YOU, AFTER EMPLOYMENT, PROVIDE PROOF THAT YOU ARE AT LEAST 19 YEARS OLD.		
<b>EMERGENCY INFORMATION</b>		
NAME	PHONE	IMPORTANT! GIVE NAME AND ADDRESS OF PERSON TO NOTIFY IN CASE OF EMERGENCY
RELATIONSHIP	CITY, STATE, ZIP CODE	NUMBER AND STREET

# EDUCATION

NAMES AND LOCATION OF SCHOOLS		CIRCLE LAST GRADE COMPLETED IN ELEMENTARY OR HIGH SCHOOL 1 2 3 4 5 6 7 8 9 10 11 12		DID YOU GRADUATE
JR. COLLEGE OR COLLEGE		MAJOR SUBJECTS	YEARS COMPLETED	WHAT DEGREES DO YOU HAVE?
UNIVERSITY				GRADUATED?
EMT TRAINING PROGRAM				
PARAMEDIC TRAINING PROGRAM				
OTHER EXPERIENCE, TRAINING, OR ADULT EDUCATION PROGRAMS				
		SCHOOL	COURSE	DEGREE OR CERTIFICATE
				DATE OF COMPLETION

## PREVIOUS EMPLOYMENT

COMPANY NAME		DATE EMPLOYED	
ADDRESS/ STREET CITY STATE ZIP		FROM MO/YR	TO MO/YR
SUPERVISOR'S NAME AND TITLE PHONE NUMBER AND EXT.		BASE RATE OF PAY	
REASON FOR LEAVING		START	END
YOUR TITLE AND DESCRIPTION OF WORK PERFORMED		DOES THE ABOVE INCLUDE BONUS PAY, SHIFT, PREMIUM FIELD PAY, LEAD PAY, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		MAY WE CONTACT THIS EMPLOYER FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPANY NAME		DATE EMPLOYED	
ADDRESS/ STREET CITY STATE ZIP		FROM MO/YR	TO MO/YR
SUPERVISOR'S NAME AND TITLE PHONE NUMBER AND EXT.		BASE RATE OF PAY	
REASON FOR LEAVING		START	END
YOUR TITLE AND DESCRIPTION OF WORK PERFORMED		DOES THE ABOVE INCLUDE BONUS PAY, SHIFT, PREMIUM FIELD PAY, LEAD PAY, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		MAY WE CONTACT THIS EMPLOYER FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPANY NAME		DATE EMPLOYED	
ADDRESS/ STREET CITY STATE ZIP		FROM MO/YR	TO MO/YR
SUPERVISOR'S NAME AND TITLE PHONE NUMBER AND EXT.		BASE RATE OF PAY	
REASON FOR LEAVING		START	END
YOUR TITLE AND DESCRIPTION OF WORK PERFORMED		DOES THE ABOVE INCLUDE BONUS PAY, SHIFT, PREMIUM FIELD PAY, LEAD PAY, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		MAY WE CONTACT THIS EMPLOYER FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPANY NAME		DATE EMPLOYED	
ADDRESS/ STREET CITY STATE ZIP		FROM MO/YR	TO MO/YR
SUPERVISOR'S NAME AND TITLE PHONE NUMBER AND EXT.		BASE RATE OF PAY	
REASON FOR LEAVING		START	END
YOUR TITLE AND DESCRIPTION OF WORK PERFORMED		DOES THE ABOVE INCLUDE BONUS PAY, SHIFT, PREMIUM FIELD PAY, LEAD PAY, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		MAY WE CONTACT THIS EMPLOYER FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**READ CAREFULLY BEFORE SIGNING**  
 I VERIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND STATEMENTS ARE TRUE AND CORRECT WITHOUT INTENTIONAL OMISSIONS OF ANY KIND WHATSOEVER. I AGREE THAT THIS COMPANY SHALL NOT BE LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED BECAUSE OF THE FALSITY OF STATEMENTS, ANSWERS OR OMISSIONS MADE BY ME IN THIS QUESTIONNAIRE. I AUTHORIZE THE COMPANIES, SCHOOL OR PERSONS NAMED ABOVE TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT, TOGETHER WITH ANY INFORMATION THEY MAY HAVE REGARDING ME, WHETHER OR NOT IT IS IN THEIR RECORDS. I HEREBY RELEASE SAID COMPANIES, SCHOOLS, OR PERSONS FROM LIABILITY FOR ANY DAMAGE FOR ISSUING THIS INFORMATION. I HAVE NO OBJECTION TO MAKING APPLICATION FOR SECURITY CLEARANCE, IF NECESSARY, OR TO SIGNING AN EMPLOYMENT AGREEMENT OR CONFIDENTIAL INFORMATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## AMERICAN MEDICAL RESPONSE

### DRUG FREE WORKPLACE STATEMENT

American Medical Response believes that in order for it to be successful, its employees must be successful. As part of that belief, American Medical Response places an emphasis on good physical and mental health for our employees.

To this end, American Medical Response has committed to maintaining a drug free workplace. As part of maintaining a drug free work place, every individual seeking employment as an EMT - 1, EMT - 2, Paramedic, or Nurse is required to successfully pass a company designated drug screen prior to the beginning of employment.

### AGREEMENT AND RELEASE

As part of my acceptance of the enclosed Offer of Employment, I hereby grant permission for, and agree to submit to, all pre-placement physical testing required for the position offered to me as defined by American Medical Response, including physical exams and drug testing. I also grant permission for American Medical Response to receive the results of all pre-placement physical testing, including drug test results.

I hereby agree to forever hold American Medical Response, its officers, agents and employees, harmless from all liability for any action taken as a result of said testing being completed and information becoming available to American Medical Response.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**This document must be signed and received by American Medical Response along with the accompanying Acceptance of Offer prior to any appointments for Pre-Placement Physical Exam(s).**



## AMERICAN MEDICAL RESPONSE

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### AUTHORIZATION TO RELEASE INFORMATION

**To whom it may concern:**

As an applicant for employment with American Medical Response, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information you may have concerning me.

I hereby release, discharge, exonerate the agencies, their agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records, and other information, and this release shall be binding on my legal representatives, heirs, and assigns.

This release will expire in 120 days after the date signed.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUEST, AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION TO AMERICAN  
MEDICAL RESPONSE WEST AND RELEASE FROM  
LIABILITY FOR DISCLOSURE OF INFORMATION**

I understand that in connection with the application process, AMR West may request information from my past employers, educational institutions, personal references, and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of my credit history and any criminal information about my past employment, education, licensure, certification, criminal conviction record, as well as any other information requested in the employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge.

**RELEASE OF CLAIMS**

I further hereby release and hold harmless AMR West, its officers, employees and agents, and any other person, or public or private entity inquiring about, investigating, furnishing, communicating, reviewing or evaluating information or documents pursuant to this Request, Authorization, Consent and Release, or making any written or verbal communications for such claims whatsoever for defamation, violation of any State Labor Code section(s), if such there be, (governing unsolicited or false references), fraud, misrepresentation, intentional or negligent interference with prospective business relations or contract, breach of contract (including any settlement agreement), negligent or intentional infliction of emotional distress, employment discrimination, violation of public policy, and any other potential claims, demands, damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have, now or in the future. I voluntarily grant this release for purposes of supporting my application for employment and based upon my desire to encourage AMR West's consideration of my application. If I have any concerns about the information that may be provided to AMR West during its investigation concerning issues relevant to AMR West's consideration of my application, I have voluntarily explained such concerns to AMR West in writing in the space provided below, under Special Concerns Regarding References and Background Investigations.

I have carefully read this Request, Authorization, Consent and Release and have voluntarily agreed to its terms to assist AMR West in evaluation my qualifications for employment and in meeting the business necessity of hiring honest, trustworthy, reliable and non-violent employees who do not pose a risk of serious harm in the workplace. I additionally agree to fully cooperate with AMR West in permitting the release of the above information and reports. I additionally understand that with the exception of any credit reports, all information and documents generated, received or maintained by AMR West during, or as a result of, its investigation, will be maintained as confidential information and that AMR West will not release such information or documents to me.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Print Name: \_\_\_\_\_

**SPECIAL CONCERNS REGARDING REFERENCES  
AND BACKGROUND INVESTIGATIONS**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# BACKGROUND CHECK INFORMATION

CUSTOMER: AMERICAN MEDICAL RESPONSE

BRANCH CHARGED: #02538  
COMPANY CODE: FAT

Date: \_\_\_\_\_

## EMPLOYEE INFORMATION:

(Please print clearly)

Full Name: \_\_\_\_\_

Maiden, or other names used: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Previous Residence (7 yrs): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hireright is authorized to retrieve record(s) for:

*Conviction history--7 yrs county of residence--felony and misdemeanor*

*Social Security number verification*

Position \_\_\_\_\_ Location \_\_\_\_\_ Reports To \_\_\_\_\_



## AMERICAN MEDICAL RESPONSE

American Medical Response is an Affirmative Action/Equal Opportunity Employer. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees. This information is confidential and will be kept in a separate file, and will not affect any employment decisions or actions. *While providing the requested information is voluntary and optional, we appreciate your assistance in completing this form.*

POSITION APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

MALE [ ] FEMALE [ ] ARE YOU A U. S. CITIZEN? \_\_\_\_\_

RACE/ETHNIC CATEGORY:

(See back for clarification of ethnic groups)

- Black
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- White

Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Definitions of Classifications

- White - (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black - (Not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.
- Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example; China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native - All persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.



## APPLICANT REFERRAL SOURCE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

How did you first hear about this position? \_\_\_\_\_

Referred by:

Name of Person \_\_\_\_\_

Newspaper Ad \_\_\_\_\_

Magazine Ad: \_\_\_\_\_

Other: \_\_\_\_\_