



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

Last Name, First Name M.I. Date of Application \_\_\_/\_\_\_/\_\_\_
Street Address SSN
City State Zip Code Home Phone
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 \_\_\_/\_\_\_/\_\_\_

Table with 4 columns: School, Name / Location, Major, Graduation Date | Degree or Certificate. Rows for High School, College, Vocational School, and Other.

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

Blank lines for special skills and training courses.

Continued on back

**Previous Employers**

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

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Employer	Telephone Number	Status of Employment
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Supervisor / Title \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

State job title and describe your duties: \_\_\_\_\_

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Employer	Telephone Number	Status of Employment
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Supervisor / Title \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

State job title and describe your duties: \_\_\_\_\_

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**Personal / Professional References**

List personal and/or professional references we may contact.

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Name	Telephone Number	Relationship / Position / Title
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Address \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Name	Telephone Number	Relationship / Position / Title
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Address \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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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: \_\_\_\_\_

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**Thank You!**