

NATIONAL EMS, INC.
Application for Employment

The application process is as follows: Not all applicants will be interviewed, nor will an interview guarantee employment. Your application will remain active for 6 months. If you wish to apply for a different position, or be considered for a position after 6 months have elapsed, please advise the Human Resources Department, in writing, of your intent.

If you are between the ages of 16 and 18, you must provide your birth certificate or driver's license. You must be at least 16 years of age to be employed at National EMS, Inc.

All questions on this form should be answered. If you feel you cannot answer a question for personal reasons please consult with the employment interviewer at the time of your interview. If you need special accommodations, arrangements must be made through Human Resources prior to an interview.

Identification: (Please print neatly in your own handwriting using black ink only.)

Name: _____		
First	Middle	Last
Street: _____		
City: _____	State: _____	Zip: _____
Telephone: (home) _____ (other) _____		
Identification will be required upon commencement of employment as noted on Form I-9 of U.S. Department of Justice, Immigration and Naturalization Service. Are you able to provide such documents? YES _____ NO _____		
Have you ever worked under another name? If so please provide names, dates and locations used:		

How did you learn about National EMS, Inc.? (check all that apply)	
Employed previously at any National EMS, Inc company location: Date _____	Dept _____
Another Employee: Name _____	Relationship: _____
Recruited: Where _____	Advertising: Where _____
Friend _____	Patient _____
Other _____	Applied Before: Date _____

Location of Position Desired: _____

1) _____ Experience _____ Years

2) _____ Experience _____ Years

Is there any area of specialty you prefer in the position in which you have applied?

POSITION APPLYING FOR

Rockdale County_____ Morgan County_____ Either_____

Full Time_____ Part Time_____

EMT____ Paramedic____ Clerical____ Communications____ Other____

--

What is your definition of EMS? _____

What is your definition of a customer? _____

Should EMS be involved in public education regarding health care? _____

Should EMT's take Personal Development Training in "Professional Attitude" in the EMS Profession? Why or Why Not? _____

How would you describe your attitude towards Professional People? _____

Should Professional People maintain High Morals? Why or Why Not? _____

**NATIONAL EMERGENCY MEDICAL SERVICES, INC.
INQUIRY RELEASE FORM
(CONFIDENTIAL)**

This form must be filled out so that the following records may be released to the above company and their agents: credit, criminal background, consumer report, medical records, previous employment, character references and educational records. All questions must be filled out completely and accurately. Incomplete, inaccurate or false information may lead to rejection of your application.

(PRINT CLEARLY USING BLACK INK)

Applicant Name:

Name: _____
 First Middle Last

Current Address: _____

City: _____ State: _____ Zip: _____

County: _____

Previous Counties within the past 7 years: (1) _____ (2) _____

(3) _____ (4) _____

Driver's License #: _____ State: _____

Social Security Number: _____ Date of Birth: _____

Sex: _____ Race: _____

Applicant's Signature: _____



National EMS, Inc
P. O. Box 1289
Conyers, GA 30012
Ph. (770) 922-9578
Fax (770) 483-3759

Date: _____

Requested by: _____

Send To:
Database Systems Int.
Ph (770) 760-1878
Fax (770) 760 1866

EDUCATION: (circle years completed)

High School	Technical/Trade	College/University	Gradute/Professional
Name of School	Name of School	Name of School	Name of School
9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Degree and GPA			
Major(s)			
Minor(s)			

LICENSURE

Do you currently hold a valid license/certificate required for the position in which you are applying? If so state license or registration numbers and issuing states:

EMT #: _____ GA Paramedic # _____ National Registry # _____

Have you ever been denied a professional license, registration or certification? YES ___ NO ___

Has your professional license, registration or certification ever been investigated, revoked, suspended, or subject to discipline by any board or governing authority? YES ___ NO ___

If you answered yes to any of these questions, please explain in detail: _____

SKILLS

Pre-Placement tests may be conducted. Reasonable accommodations will be made if you advise Human Resources at the time testing is scheduled.

List your additional trades, professional certifications, licenses or qualifications: _____

List any languages other than English, you can read, write or translate (including Sign Language)

Have you had training or experience in any of the following areas: Typewriter _____ WPM _____

Transcription Machine _____ Computer Software Programs: (List) _____

Other business Machine training experience: (describe) _____

PERSONAL INFORMATION

Have you ever been convicted, had adjudication withheld, or plea bargained any felony crime? Yes _____ No _____

Conviction of a crime is not an automatic bar to consideration for employment. If yes, please list the dates and nature of each conviction:

WORK HISTORY (Please complete fully)

May we contact your present employer at this time? Yes _____ No _____ If no explain: _____

List name under which employed if different: _____

(1) Name of Present Employer: _____

Address: _____ City _____ State _____ Zip _____

Supervisor: _____ Telephone:() _____

Position Held: _____ Dates: From _____ To _____

Nature of Duties: _____

Reason for Leaving: _____

(2) Name of Last Employer: _____

Address: _____ City _____ State _____ Zip _____

Supervisor: _____ Telephone:() _____

Position Held: _____ Dates: From _____ To _____

Nature of Duties: _____

Reason for Leaving: _____

(3) Name of Last Employer: _____

Address: _____ City _____ State _____ Zip _____

Supervisor: _____ Telephone:() _____

Position Held: _____ Dates: From _____ To _____

Nature of Duties: _____

Reason for Leaving: _____

List work experience that would give you qualifications for position desired, if not already noted above. _____

Have you ever been terminated or asked to resign by an employer either listed or not listed on this application? Yes _____ No _____ If yes, please fully explain _____

REFERENCES

Personal references: (List people you have known for at least (2) years; do not include employers or relatives.)

Name:	Occupation:	Telephone:
1. _____	_____	_____
2. _____	_____	_____

Technical/Clinical (List people familiar with your technical ability whom we may contact; Do not include relatives)

Name:	Occupation:	Telephone:
1. _____	_____	_____
2. _____	_____	_____