



EMPLOYMENT APPLICATION

Last Name: _____ First: _____ Middle: _____
Social Security Number: _____ - _____ - _____

EMPLOYMENT DESIRED

Position: EMT / PARAMEDIC / WHEELCHAIR VAN DRIVER / DISPATCH OFFICE / OTHER _____
Date you can start: _____

PROMPT Medical Transportation, Inc.

9835 Express Dr.
Highland, IN 46322
Phone: 219-838-4444
Fax: 219-924-3192

PROMPT provides a drug free environment...

It is the policy of PROMPT Medical Transportation, Inc. to provide equality of opportunity to all persons regardless of race, color, national origin, sex, age or disability. This policy applies to all aspects of our personnel policies, practice and operations. PROMPT complies with with the Americans with Disabilities Act (ADA). Persons needing accommodations in the recruitment process should notify PROMPT Medical Transportation, Inc. in advance. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by PROMPT Ambulance Service. Please furnish us with complete information as outlined in this application. Please use in black ink.

Any misrepresentation on this application whether actual or by omission may disqualify you for consideration of employment by PROMPT Medical Transportation, Inc. and post employment.

MINIMUM QUALIFICATIONS

1. 18 years of age when applying for EMT or Paramedic
2. 21 years old for W/C and must have PPC.
3. Valid Drivers License with minimal violations.
4. Successfully must be able to complete lift test (if applicable)
5. Paramedic sponsorship (if applicable) with the R.C.C. of Methodist Hospital - State of Indiana Certification.

AN APPLICATION IS NOT COMPLETE WITHOUT ATTACHING THE FOLLOWING DOCUMENTS

1. Sign copy of Background Authorization
2. Copy of Military Discharge for DD214 (if applicable)
3. Copy of BMV (Bureau of Motor Vehicles) driving abstract

Have you ever been debarred, suspended, excluded, or otherwise ineligible for participation in federal health care programs? _____ Yes _____ No
If yes, explain: _____

EDUCATIONAL INFORMATION

School	Name and Address of School (including City and State)	Major	Dates Attended From To
High School	_____	_____	_____
	_____	_____	_____
College	_____	_____	_____
	_____	_____	_____
Graduate	_____	_____	_____
	_____	_____	_____
Technical EMT & Paramedic	_____	_____	_____
	_____	_____	_____
Othe	_____	_____	_____
	_____	_____	_____

EXPERIENCE

State below your professional work experience, certifications, or special training.

Experience	Certifications & Numbers	Expirations
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY

List all Jobs you have had in the last ten years, including periods of unemployment.

Put your present most recent Job first. Include Military Service in proper time sequence and part-time jobs.

Employer's Name & Phone Number	Address: Street/City/State/Zip	Type of Business Exact Title or Position	
_____	_____	_____	
_____	_____	_____	
Name & Title of Supervisor	From To (date) (date)	Salary per month	Are you eligible for rehire?
_____	_____	_____	_____
Explain your duties:		When can we contact your current Employer?	
_____		_____	

Employer's Name & Phone Number	Address: Street/City/State/Zip	Type of Business Exact Title or Position		
_____	_____	_____		
_____	_____	_____		
Name & Title of Supervisor	From (date)	To (date)	Salary per month	Are you eligible for rehire?
_____	_____	_____	_____	_____
Explain your duties:	When can we contact your current Employer?			
_____	_____			

Employer's Name & Phone Number	Address: Street/City/State/Zip	Type of Business Exact Title or Position		
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Name & Title of Supervisor	From (date)	To (date)	Salary per month	Are you eligible for rehire?
_____	_____	_____	_____	_____
Explain your duties:	When can we contact your current Employer?			
_____	_____			

Employer's Name & Phone Number	Address: Street/City/State/Zip	Type of Business Exact Title or Position		
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_____	_____	_____		
Name & Title of Supervisor	From (date)	To (date)	Salary per month	Are you eligible for rehire?
_____	_____	_____	_____	_____
Explain your duties:	When can we contact your current Employer?			
_____	_____			

Employer's Name & Phone Number	Address: Street/City/State/Zip	Type of Business Exact Title or Position		
_____	_____	_____		
_____	_____	_____		
Name & Title of Supervisor	From (date)	To (date)	Salary per month	Are you eligible for rehire?
_____	_____	_____	_____	_____
Explain your duties:	When can we contact your current Employer?			
_____	_____			

MILITARY SERVICE

Veteran's Status: _____ Veteran (DD214 attached) _____ Non-Veteran
(Applications that do NOT have the required forms or materials attached at the time of filing will be considered incomplete).

What type of discharge received?
 _____ Honorable _____ Medical _____ Honorable Conditions _____ Dishonorable

If dishonorable, explain _____

Are you now Active Duty Reserves or National Guard? _____ Yes _____ No

UNSALARIED EXPERIENCE, VOLUNTEER, WORK INTERNSHIPS

(FIREFIGHTER/EMT/PARAMEDIC/OTHER MEDICAL SERVICES)

Organization: _____

Organization's Address: _____

Phone Number: _____ Position Held: _____

From: _____ To: _____ # of hours worked weekly _____

Supervisor's name and title: _____

Describe work performed: _____

CRIMINAL HISTORY

Have you ever been convicted?	_____ Yes	_____ No
If yes, explain: _____		

Have you ever been placed on probation?	_____ Yes	_____ No
If yes, explain: _____		

Have you ever used or experimented with any no-prescribed controlled substances or illegal drugs?		
_____ Yes	_____ No	If yes, explain: _____

REFERENCES

Fill in below the names of four adults not related to you and not former employers, who have known you for a period, preferably, more than five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

Name	Address	Home Phone Number
_____	_____	_____
Business Address	Occupation/Profession	Business Phone
_____	_____	_____
Relation		Years Known
_____		_____

Name	Address	Home Phone Number
_____	_____	_____
Business Address	Occupation/Profession	Business Phone
_____	_____	_____
Relation		Years Known
_____		_____

Name	Address	Home Phone Number
_____	_____	_____
Business Address	Occupation/Profession	Business Phone
_____	_____	_____
Relation		Years Known
_____		_____

Name	Address	Home Phone Number
_____	_____	_____
Business Address	Occupation/Profession	Business Phone
_____	_____	_____
Relation		Years Known
_____		_____

PLEASE READ THE FOLLOWING BEFORE SIGNING

I hereby certify that all answers to the above questions are true and I agree and understand that my false statements contained in this application may cause rejection of this application or termination of employment. I authorize investigation of all statements contained herein and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing information to PROMPT Medical Transportation, Inc.

In consideration of my employment I agree to conform to the policies and procedures of PROMPT Medical Transportation Service, Inc.

Print Full Name

Signature in Full _____ Date _____

Please note: If you fail to respond to a letter or phone call concerning your interest in the position, your application will be removed from the active file. Your application also will be removed from the active file if you fail to show for a scheduled test or interview.

BACKGROUND AUTHORIZATION

I authorize and empower PROMPT Medical Transportation, Inc. and its representatives, or any other outside service company engaged by said organization for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, general reputation and other relevant information, through correspondence or personal interviews with neighbors, friends, or others with whom I am acquainted or who have have knowledge concerning any of the above items.

I certify that I have read this authorization form and understand its meaning and purpose.

Date

Signature in Full

Address

Print Full Name

_____-_____-_____-

Social Security Number

(Maiden name in applicable)

Driver's License Number

State