

- SUPERIOR AIR-GROUND AMBULANCE SERVICE, INC.
- METRO PARAMEDIC SERVICES, INC.
- ILLINOIS MEDI-CAR, INC.
- NORCOMM PUBLIC SAFETY COMMUNICATIONS, INC.



# PRE-EMPLOYMENT APPLICATION

Our Company is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on application until all questions have been answered.

## PERSONAL

Today's Date: \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Area Code

Name \_\_\_\_\_ Alternate Phone/Pager (\_\_\_\_\_) \_\_\_\_\_  
Last First Middle Area Code

Present Address \_\_\_\_\_  
No. Street City State Zip

Social Security No. \_\_\_\_\_ Are you 18 or older? Yes  No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes  No

Have you ever been convicted of any crime? (excluding minor traffic violations) including DWI? Yes  No   
*(This does not necessarily mean you will be disqualified from employment)*

If yes, state the offense, locations, date and disposition \_\_\_\_\_

*(You are not obligated to disclose sealed or expunged arrest/conviction records.)*

Who should be contacted in case of emergency? \_\_\_\_\_

\_\_\_\_\_  
Relationship Street Address City State Zip Name (Area Code)

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Type \_\_\_\_\_ Exp. Date \_\_\_\_\_

## EMPLOYMENT DESIRED:

Are you seeking  full-time  part-time  temporary or summer employment?

Position applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Date Available to start \_\_\_\_\_

Have you ever applied to one of our companies before? Yes  No

Have you ever worked for one of our companies before? Yes  No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

How did you learn of our company and/or position? \_\_\_\_\_

Are you now or do you expect to be engaged in any other business or employment? Yes  No

Are there any days or hours you would be unable or unwilling to work? Yes  No  If yes, please specify those days or hours you would be unable or unwilling to work \_\_\_\_\_

Score

Position

\*OFFICE USE ONLY\*

Name (Last, First)

**EDUCATION**

Name, Address and Location	Dates	Graduate?	Courses Studied
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
College	From:  To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
Other	From:  To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:

If you did not graduate, why did you leave high school or college? \_\_\_\_\_

Are you planning to pursue further studies? Yes \_\_\_ No \_\_\_ If so, when, where and what courses? \_\_\_\_\_

List any scholastic honors, offices held and activities involved in during high school and college \_\_\_\_\_

List and describe any other School or Specialized Training and current EMS System.

**MILITARY**

Have you ever served in the military? Yes  No

Service Branch \_\_\_\_\_ Date Entered \_\_\_\_\_

Date Separated \_\_\_\_\_ Final Rank \_\_\_\_\_

Are you a member of a reserve organization? Yes  No

**HEALTH**

Will you abide by the safety rules of this company? Yes  No

Are you willing to take a pre-placement physical and urinary drug screen at company expense? Yes  No

Are you willing to submit to random drug testing? Yes  No

**GENERAL WORK EXPERIENCE**

Check any of the following areas in which you have skill, training or experience:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Emergency Medical Technician              | <input type="checkbox"/> Fire Fighter III | <input type="checkbox"/> PHTLS                 |
| <input type="checkbox"/> Paramedic, certification date _____       | <input type="checkbox"/> Mechanic         | <input type="checkbox"/> PALS                  |
| <input type="checkbox"/> Dispatching                               | <input type="checkbox"/> Driver           | <input type="checkbox"/> Certified Diver       |
| <input type="checkbox"/> Computers                                 | <input type="checkbox"/> ACLS             | <input type="checkbox"/> General Office        |
| <input type="checkbox"/> Data Entry                                | <input type="checkbox"/> BTLS             | <input type="checkbox"/> Management Experience |
| <input type="checkbox"/> Fire Fighter II, certification date _____ | <input type="checkbox"/> CPR Instructor   | <input type="checkbox"/> Haz Mat Training      |

**ADDITIONAL INFO:**

\_\_\_\_\_  
 \_\_\_\_\_

**WORK HISTORY**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Month	To: Month	Starting \$
Telephone Area Code ( )		Nature of Business	Year	Year	Ending \$
Title		Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties					

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Month	To: Month	Starting \$
Telephone Area Code ( )		Nature of Business	Year	Year	Ending \$
Title		Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties					

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Month	To: Month	Starting \$
Telephone Area Code ( )		Nature of Business	Year	Year	Ending \$
Title		Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties					

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Month	To: Month	Starting \$
Telephone Area Code ( )		Nature of Business	Year	Year	Ending \$
Title		Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties					

If you have worked in any of your previous positions under another name, please give that name: \_\_\_\_\_

Are you presently employed? .....Yes  No

If yes, may we contact your present employer? .....Yes  No

Use the space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Give three references, not relatives or former employers.

Name	Phone	Occupation

**AFFIDAVIT**

I certify that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorized the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for any damage for issuing this information. I further understand that the taking of polygraph examinations and drug tests are a condition of employment and refusal to take such tests when asked will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contracts on behalf of the company without express written consent of the President.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMPANY USE ONLY**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer's remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR OFFICE USE ONLY	
Drug Test _____	MVR _____
Position _____	Test _____