



A Legacy of Innovation in EMS

Application for Employment

Date of Application

EMT	<input type="radio"/> Basic	<input type="radio"/> Intermediate	<input type="radio"/> Paramedic	Position Desired		Status	<input type="radio"/> FT	<input type="radio"/> PT
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Section A: Personal Data

Please Print Clearly:

Applicant's Full Name:		<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss						
2 Contact Numbers		Address		City		State	Zip	
1st _____								
2nd _____								
Social Security Number			Are you at least 21 years of age?			Current Parish of Residence		
			Yes No					

Section B: Record of Education

Level	School Name	Course of Study	Graduate		Year and Degree
High School			Y	N	
College			Y	N	
Technical			Y	N	
Other			Y	N	

Section C: Specialized Skills

	ACLS	<input checked="" type="checkbox"/>	Instructor for: <input type="radio"/> CPR <input type="radio"/> ACLS <input type="radio"/> PHTLS <input type="radio"/> PALS <input type="radio"/> Basic <input type="radio"/> Paramedic
	PHTLS	<input type="checkbox"/>	Total Years of Commercial Driving Experience for Class A _____ B _____ C _____ D _____
	PALS		Other: _____

Section D: Additional Information

1.) Has this position been previously discussed with you by a Management Representative? Yes No

**If Yes, please indicate this person's name: _____

2.) Please indicate schedule limitations: _____

3.) On what date would you be available for work? _____

Section E: Employment Experience

<i>Name of Employer:</i>				
<i>Contact Number</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Supervisor</i>	<i>Job Title</i>	<i>Dates of Employment</i>		<i>Hourly Rate</i>
		From:	To:	From: To:

<i>Name of Employer:</i>				
<i>Contact Number</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Supervisor</i>	<i>Job Title</i>	<i>Dates of Employment</i>		<i>Hourly Rate</i>
		From:	To:	Start: End:

<i>Name of Employer:</i>				
<i>Contact Number</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Supervisor</i>	<i>Job Title</i>	<i>Dates of Employment</i>		<i>Hourly Rate</i>
		From:	To:	Start: End:

Employee Check List
Please provide copies of all that apply:

- Class D Drivers License
- State Registry Card
- Defensive Driving Certificates
- PALS
- Social Security Card
- AHA BCLS "C" Card
- Hazmat Certificates
- PHTLS
- National Registry Card
- AHA ACLS Card
- Board of Examiners Certificate
- MVR

MedExpress is an Equal Opportunity Employer.

We consider applicants without regard for race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I agree to take a pre-employment drug test and will participate in future random drug screening as required by this institution.

Applicant's Signature

Any Questions or Comments please contact the Director of Human Resources at 1-800-256-9777