



EMPLOYMENT APPLICATION

Position You Are Applying For _____ Date of Application _____

Name: (Last) _____ (First) _____ (MI) _____

Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Telephone: (Home) _____ (Mobile) _____ Email: _____

What type of position are you seeking with Phoenix Paramedic Solutions? [] Full Time [] Part Time

Do you have a valid Driver's License? [] Yes [] No If yes, from which state? _____

Do you have a Commercial Driver's License? [] Yes [] No If yes, list CDL type: _____

Are you currently employed? [] Yes [] No Name of Employer: _____

Are you prevented from being lawfully employed in the United States because of VISA or immigration status? [] Yes [] NO (*Proof of citizenship/immigration status may be requested prior to employment*)

It is the policy of Phoenix Paramedic Solutions, LLC, to provide equality of opportunity to all persons regardless of race, color, national origin, sex, age, religion, or disability. This policy applies to all aspects of our personnel policies, practices, and operations.

Phoenix Paramedic Solutions complies with the Americans with Disabilities Act (ADA). Persons needing accommodations in the recruitment process should notify Phoenix Paramedic Solutions 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 Phoenix Paramedic Solutions, LLC. Please provide complete and accurate information as outlined in this application. Any misrepresentation on this application, whether actual or by omission, may disqualify you for consideration for employment with Phoenix Paramedic Solutions.



MINIMUM QUALIFICATIONS

1. 18 years of age when applying for an EMT or Paramedic position
2. 21 years of age for wheelchair driver
3. Valid Driver’s License with minimal violations
4. Must be able to successfully complete required physical agility and lifting tests (if applicable)
5. Paramedic Sponsorship (if applicable) with State of Indiana Certification
6. Active Indiana EMT or National Registry Certification with the ability to receive reciprocity into the Indiana EMS system

REQUIRED DOCUMENTS

1. Sign a copy of Background Authorization
2. Copy of Military Discharge for DD214 (if applicable)
3. Copy of Valid Driver’s License
4. Copy of Indiana State or National Certifications (EMT, Paramedic, if applicable)

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

GENERAL INSTRUCTIONS

1. Type or print an answer to each question. To be eligible for consideration, applications must be complete, accurate, and legible.
2. If a question does not apply to you, mark N/A in the space provided.
3. If the space provided is insufficient, attach a separate sheet and include the additional information with the section title to which you are referring.
4. It is your responsibility to notify Phoenix Paramedic Solutions of any change of address or phone number.
5. Phoenix Paramedic Solutions may verify conviction records, places of employment, and other information provided in this application.
6. If you have any questions you may call 765-448-4327 Monday thru Friday, 8:00 AM to 5:00 PM
7. Phoenix Paramedic Solutions, LLC will retain this application for 6 months



EDUCATIONAL INFORMATION

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

EMPLOYMENT HISTORY (List all jobs that you've had in the last 10 years, starting with the most recent.)

Employer's Name & Phone Number	Address:			Type of Business
	street			Title or Position
	City	State	Zip	Eligible for Rehire?
Supervisor Name, Title	From (date)	To (date)	Hourly Wage	
Explain your job responsibilities:				Can we contact this employer?

Employer's Name & Phone Number	Address:			Type of Business
	street			Title or Position
	City	State	Zip	Eligible for Rehire?
Supervisor Name, Title	From (date)	To (date)	Hourly Wage	
Explain your job responsibilities:				Can we contact this employer?

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WORK EXPERIENCE CONTINUED

Employer's Name & Phone Number	Address:			Type of Business
	street			Title or Position
	City	State	Zip	Eligible for Rehire?
Supervisor Name, Title	From (date)	To (date)	Hourly Wage	
Explain your job responsibilities:				Can we contact this employer?

Employer's Name & Phone Number	Address:			Type of Business
	street			Title or Position
	City	State	Zip	Eligible for Rehire?
Supervisor Name, Title	From (date)	To (date)	Hourly Wage	
Explain your job responsibilities:				Can we contact this employer?

Employer's Name & Phone Number	Address:			Type of Business
	street			Title or Position
	City	State	Zip	Eligible for Rehire?
Supervisor Name, Title	From (date)	To (date)	Hourly Wage	
Explain your job responsibilities:				Can we contact this employer?



MILITARY SERVICE

Veterans 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 did you receive?
_____ Honorable _____ Honorable Conditions _____ Dishonorable
If dishonorable, please explain: _____

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

OTHER EXPERIENCE, VOLUNTEER WORK, INTERNSHIPS

Organization: _____
Organization's Address: _____
Phone Number: _____ Position Held: _____
From: _____ To: _____ # of hours worked weekly: _____
Supervisor's name and title: _____
Describe work performed: _____

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 of a misdemeanor or felony (other than traffic violations such as speeding)? _____yes _____No If yes, please explain: _____

Have you ever been placed on probation? _____Yes _____No
 If yes, please explain: _____

RESIDENCES

From MO & YR	To MO & YR	Address of Residence	City and State

REFERENCES

<u>Name</u>	<u>Address</u>	<u>Home Phone Number</u>
<u>Business Address</u>	<u>Occupation/Profession</u>	<u>Business Phone</u>
<u>Relation</u>		<u>Years Known</u>

<u>Name</u>	<u>Address</u>	<u>Home Phone Number</u>
<u>Business Address</u>	<u>Occupation/Profession</u>	<u>Business Phone</u>
<u>Relation</u>		<u>Years Known</u>

PHOENIX PARAMEDIC SOLUTIONS, LLC IS AN EQUAL OPPORTUNITY EMPLOYER

PHOENIX PARAMEDIC SOLUTIONS
 1600 Kepner Dr. Lafayette, IN 47905
 Office (765)448-4327 Fax (765)448-4694



<u>Name</u>	<u>Address</u>	<u>Home Phone Number</u>
<u>Business Address</u>	<u>Occupation/Profession</u>	<u>Business Phone</u>
<u>Relation</u>	<u>Years Known</u>	

<u>Name</u>	<u>Address</u>	<u>Home Phone Number</u>
<u>Business Address</u>	<u>Occupation/Profession</u>	<u>Business Phone</u>
<u>Relation</u>	<u>Years Known</u>	

PLEASE READ THE FOLLOWING BEFORE SIGNING

I hereby certify that all answers to the above questions are true, and I agree and understand that any false or misleading information which I provided in this application may cause rejection of this application, or termination of employment. I also authorize investigation of all statements contained herein, and all information provided which concerns my previous employment. I also release all parties from liability for any damage that may result from furnishing this information to Phoenix Paramedic Solutions, LLC.

In consideration of my employment, I agree to conform to the policies and procedures of Phoenix Paramedic Solutions, LLC.

Print Full Name

Signature in Full

Date

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BACKGROUND AUTHORIZATION

I hereby authorize and empower Phoenix Paramedic Solutions, LLC and it's representatives, or any other outside service company engaged by said organization for this purpose, now or in the future, 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 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
_____	_____
Birth date (for background check only)	Maiden Name (if applicable)
_____	_____
Driver's License Number	State