



PALS			
ACLS			
BTLS			
EMD			
CDL			
Other: _____			

**WORK REQUIREMENTS  
AND GENERAL INFORMATION**

Can you provide proof, if hired, that you are eligible to work in the U.S.?      YES    NO

Do you have a valid Driver's License?      YES    NO    Class: \_\_\_\_\_

Issued by what State? \_\_\_\_\_      Driver's License #: \_\_\_\_\_

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended?      YES    NO

If yes, explain: \_\_\_\_\_

*A conviction will not necessarily disqualify you from employment.*

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid?      YES    NO

If yes, explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**  
(List your last three employers activities, starting with the most recent.)

I.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_      Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_      Salary: \_\_\_\_\_

End Date: \_\_\_\_\_      Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_  
\_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

II.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

III.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

**MILITARY:**

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment: \_\_\_\_\_

PAST EMPLOYMENT

Have you ever been:

Disciplined or terminated for reckless driving?	YES	NO
Placed on probation or terminated for excessive absenteeism?	YES	NO
Disciplined or fired for insubordination?	YES	NO
Disciplined or fired for violation of safety rules?	YES	NO
Disciplined or fired for assault or fighting?	YES	NO
Disciplined or fired for harassment?	YES	NO
Disciplined or fired for patient abuse?	YES	NO
Disciplined or fired for alcohol or drug related activity at work?	YES	NO

If you answered yes to any question above, please explain: \_\_\_\_\_

\_\_\_\_\_

Answers of Yes for any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest grade completed: \_\_\_\_\_

Have you received your GED? YES NO

COLLEGE:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest year completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

OTHER COLLEGE:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

Did you graduate? YES NO If not, highest year completed: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

**TECHNICAL SCHOOL:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate? YES NO

If not, highest year completed: \_\_\_\_\_

Certificate: \_\_\_\_\_

License: \_\_\_\_\_

Expires: \_\_\_\_\_

Expires: \_\_\_\_\_

**OTHER SCHOOL/TRAINING:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate? YES NO

If not, highest year completed: \_\_\_\_\_

Certificate: \_\_\_\_\_

License: \_\_\_\_\_

Expires: \_\_\_\_\_

Expires: \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):**

\_\_\_\_\_

\_\_\_\_\_

**Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:**

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

List **three** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

List **two** personal references that have known you for at least three years outside work.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

How they know you: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

How they know you: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_