

Application for Employment



Instructions for Completing Application Packet

- You must be at least 21 years old to apply for work at **Arizona Ambulance Transport**.
- You may return this application via email to Jobs@azambulance.com **OR** to PO Box 1689, Sierra Vista, AZ 85636 **OR** in person to 4266 Industry Drive, Suite 3, Sierra Vista, AZ **OR** by fax to (520) 459-6060.
- Your application remains active for a 90-day period. For any questions regarding your application or to reactivate (renew) your application, call (520) 459-4040.
- Employees are required to keep current all applicable licenses (Driver's, EMT, Paramedic, CPR, ACLS, PALS, etc.) as required for initial employment. **Include copies of all certifications with your application.** Employees will also be required to pass a standardized lifting test and drug screening.

STEP 1: Complete Pages 2, 3 and 4, listing all work history information. The application and all release forms must be complete. A resume may not be submitted in place of the application. Should you choose to submit a resume with your application, it will be reviewed and contained within the submitted application only.

STEP 2: Complete the Reference Release forms (Page 5 and 6) located separately within this application packet. Completing these forms allows **Arizona Ambulance Transport** to secure academic, work and DMV information.

Arizona Ambulance Transport is an Equal Opportunity Employer. **Arizona Ambulance Transport** is committed to complying fully with the Americans with Disabilities Act (ADA) and ensuring equal employment opportunities for qualified persons with disabilities.

EXPERIENCE - Starting with the most recent, describe *ALL* paid, military, or applicable voluntary experience.

May we contact your Supervisor? Yes No

Current Job: Position / Employer /Address / Phone # / Immediate Supervisor / Type of Business / Dates / Full Time or Part Time / Hours per Week:

Previous Job: Position / Employer /Address / Phone # / Immediate Supervisor / Type of Business / Dates / Full Time or Part Time / Hours per Week:

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Use this space for any additional information you think would help us evaluate your application -- including training, seminars, workshops, special achievements or specialized skills:

REFERENCES - List names, addresses, phone numbers and relationships of three persons not related to you who know your qualifications.

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Relationship</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reference Release



This form will be given to employers and/or schools you have attended for authorization to release information on your employment or academic history to **Arizona Ambulance Transport**. Employment at **Arizona Ambulance Transport** is contingent upon satisfactory references.

By signing below, I grant permission to release information to Arizona Ambulance Transport relating to my work and/or academic experience.

Applicant's Name *(Please print or type)*

Social Security Number

Date

Applicant's Signature

Please complete and return to:

Arizona Ambulance Transport

PO Box 1689

Sierra Vista, Arizona 85636

Fax: 520-459-6060

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MVR Release Form



In order to provide necessary information to insurance carriers, I authorize, without reservation, **Arizona Ambulance Transport** and Cindy Elbert Insurance Services to obtain access to my current and/or past motor vehicle record.

Full Name: _____
(as recorded on Driver's License)

Date of Birth: _____

Driver's License Number: _____ **Driver's License State:** _____

I understand that if the information obtained is not acceptable to the insurance carrier, that **Arizona Ambulance Transport** retains the right to rescind any offer of employment and/or that if at any time during my employment my driving record becomes unacceptable, my employment may be terminated.

Applicant's Signature

Date

Please complete and return to:

Arizona Ambulance Transport
PO Box 1689
Sierra Vista, Arizona 85636

Fax: 520-459-6060

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