## **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.

Employees of Arizona Ambulance Transport and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender or age.

Date:						
Position applied for:	Nurse	Parame	edic	EMT	Full Time	Part Time
Full Legal Name:		First		 Middle	La.	st
Street / Apt. #			<del> </del>			
City / State / Zip:						
eMail Address:						
Primary Phone:			_ Altern	ate Phone:		
EDUCATION and C	ol diploma	<i>or</i> G.E.D. e	equivalent	t? □ Yes		es 🗆 No
Number of years of post h	nigh school	education:	1 2 3	4 5 6 7	8	
Name and Location of Ins		Degree				
Level of EMS Certification		EMT				
Arizona Certification Nur	nber:			Arizona E	xpiration Date:	
National Registry Cert. N	umber:			National E	Expiration Date	:
CPR Expiration Date:				ACLS Ex	piration Date:	
PALS Expiration Date: _						
Driver's License Number:			State::		_ Expiration I	Date:

<b>EXPERIENCE</b> experience.	- Starting with the	most recer	nt, describe ALA	L paid, military, or appli	cable voluntary
May we contact you	ır Supervisor?	Yes	No		
Current Job: Pos. Dates / Full Time or				diate Supervisor / Type	of Business /
<b>Previous Job:</b> Pos Dates / Full Time or				diate Supervisor / Type	of Business /
<b>Previous Job:</b> Pos Dates / Full Time or				diate Supervisor / Type	of Business /
-	•	-		nelp us evaluate your apported or specialized skills:	olication
REFERENCES to you who know yo		resses, phoi	ne numbers and	l relationships of three p	ersons not related
Name	Address	5		Phone #	Relationship

MISCELLANEOUS					
Check which shift you will accept (a	ll that apply):	□ 24 hour	□ 12 hour	□ On Call	□ Weekends
Check which employment you would	d accept (all the	ut apply):		Full Time	□ Part Time
When will you be available to start w	vork? (No date	necessary if	you are avail	lable as soon	as you give
two (2) weeks notice.)	Month	· · · · · · · · · · · · · · · · · · ·	Day _		Year
For purposes of compliance with the employment in the United States?	Immigration R  ☐ Yes		ontrol Act, ar	e you legally	eligible for
Under the Immigration Refor certification verifying that yo Further, you will be required	u are eligible to	o be employed	d and verifyir	ıg your ident	ity.
Have you ever been convicted of or position which you are applying?  If yes, explain	□ Yes □	No			
Do you speak a second language?  If yes, explain	□ Yes □	No			
CERTIFICATION - Each applied I hereby certify that all entries and attack falsification of information herein, regard employment in the service of Arizona Arapplication is subject to verification and institutions listed being contacted regard	hments are true a dless of time of ambulance Tran I consent to refe	and complete, and discovery, may asport. I underences and for	and I agree and cause forfeit rstand that all mer employer	d understand the ure on my part information of and education	t to any n this onal
Ambulance Transport to rely upon and		it, any informa	tion received	from such con	

## **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.

Social Security Number	Date

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	r:	Driver's License State:
Ambulance Transport re	etains the right to rescind any offer of	to the insurance carrier, that <b>Arizona</b> f employment and/or that if at any time ble, my employment may be terminated.
	Applicant's Signature	
	Date	
Please complete and return	n to:	
	Arizona Ambulance Trans PO Box 1689 Sierra Vista, Arizona 85636	sport
	Fax: 520-459-6060	

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