



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: _____ Full Time Part Time

Full Legal Name: _____
First *Middle* *Last*

Street / Apt. # _____

City / State / Zip: _____

eMail Address: _____

Primary Phone: _____ **Alternate Phone:** _____

EDUCATION and CERTIFICATIONS

Highest grade completed: 8 9 10 11 12 Year Graduated: _____ *or* G.E.D. Date Received: _____

Number of years of post high school education: 1 2 3 4 5 6 7 8

Name and Location of Institution	Degree	Major or Specialty	Minor	Dates Attended
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Level of EMS Certification:

Arizona Certification Number: _____ Arizona Expiration Date: _____

National Registry Cert. Number: _____ National Expiration Date: _____

CPR Expiration Date: _____ ACLS Expiration Date: _____

PALS Expiration Date: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

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>
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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 Full Legal Name

Social Security Number

Date

Applicant's Full Legal 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.

Date

Applicant's Full Legal Signature

Please complete and return to:

Arizona Ambulance Transport

PO Box 1689
Sierra Vista, Arizona 85636

Fax: 520-459-6060

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