

Employment Application



Complete and return to:

BKP Ambulance District

439 S. Main St.

Kenton, OH 43326

(419) 674-4574

Fax: (419) 673-1024

CERTIFICATION INFORMATION
 (List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT / EMT-A / EMT-P State (Circle One)			
National Registry			
PALS			
ACLS			
NIMS			
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 or volunteer 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
 - Disciplined or terminated for a HIPAA related Issue? 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 Past Employment question on previous page, please explain: _____

Answers of Yes for any of the Past Employment question on previous page 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: _____

Degree: _____ Major: _____

Certificate: _____ License: _____

Expires: _____ Expires: _____

OTHER SCHOOL/TRAINING:

Name: _____ Address: _____

Years completed: _____

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

Degree: _____ Major: _____

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): _____

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate BKP Ambulance District in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or BKP Ambulance District is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by BKP Ambulance District as a condition of my employment, and I hereby give my consent to the release of all information which BKP Ambulance District deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from BKP Ambulance District.

I hereby authorize BKP Ambulance District to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release BKP Ambulance District and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my employment with the Company may be terminated.

Applicant's Signature: _____ Date: _____

Printed Name: _____

