



Thank you for your interest in employment at Pro Care EMS.

Please fill out the following papers and return them to our headquarters located at

2260 Hewatt Road Suite A Snellville GA. 30039.

When you return this application please include the following:

- 1) MVR for the past three years.**
- 2) A copy of all certifications (ALS, BLS, CPR, ETC.)**
- 3) Drivers License**
- 4) Social Security Card**
- 5) Background check**

Once all this information has been turned in, we will process your application, which may include calling personal references, and calling references from your previous employers. Once this process has been completed, you will be contacted either by telephone or mail as to the status of your application.

Again, thank you for your interest in our company and we look forward to working with you.

Thank You

www.procareems.com

PRO CARE EMS APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

Evaluations of applications are based on individual merit. Information **MUST BE COMPLETE** so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin, or disability.

This application must be typed or printed. Please complete one application for each position for which you apply. Refer to job posting to determine if additional documentation is required (i.e. background questionnaire, proof of typing data entry test scores).

CONTACT INFORMATION

NAME (FIRST/MIDDLE/LAST): _____ SSN: _____

STREET ADDRESS: _____ APT. #: _____

CITY/STATE/ZIP: _____

TELEPHONE: HOME: (____) _____ WORK: (____) _____ OTHER: (____) _____

EMAIL ADDRESS: _____

JOB DATA

HOW DID YOU HEAR OF THIS OPENING? _____

POSITION DESIRED: _____ **SALARY REQUIREMENT:** \$ _____

DATE AVAILABLE FOR WORK FULL TIME: _____

PERSONAL DATA:

HAVE YOU EVER WORKED FOR PRO CARE EMS? YES NO

WHEN & WHERE? _____

GIVE NAME, RELATIONSHIP, AND DEPARTMENT OF ANY RELATIVES WHO ARE EMPLOYED WITH PRO CARE EMS. _____

WILL YOU ACCEPT: TEMPORARY WORK? YES NO PART-TIME WORK? YES NO

SHIFT-WORK ? YES NO WEEK-END/HOLIDAY? YES NO

ARE YOU OVER 18 YEARS OLD? YES NO

ARE YOU A CITIZEN OF THE U.S. OR ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

NOTE: IF OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION TO VERIFY EMPLOYMENT ELIGIBILITY. FAILURE TO PROVIDE THE REQUESTED DOCUMENTATION MAY RESULT IN A DETERMINATION THAT THE APPLICANT IS INELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES.

DO YOU HAVE A DRIVERS LICENSE? YES NO LICENSE #: _____ STATE: _____

HAVE YOU RECEIVED ANY TRAFFIC CITATIONS IN THE PAST 3 YEARS? YES NO

PLEASE INDICATE TYPE OF OFFENSE AND DATES?

DO YOU HAVE ANY PENDING MISDEMEANOR OR FELONY CHARGES? (A PENDING CHARGE WILL ONLY BE CONSIDERED IF JOB RELATED). YES NO

HAVE YOU (SINCE THE AGE OF 18) EVER BEEN CONVICTED OF OR PLED GUILTY OR NO CONTEST TO A FELONY. (A CRIMINAL CONVICTION, PLEA OF GUILTY OR PLEA OF NO CONTEST WILL ONLY BE CONSIDERED IF JOB RELATED.) YES NO

IF YES, DESCRIBE THE CIRCUMSTANCES. _____

HAVE YOU EVER BEEN SUSPENDED, DISMISSED, OR ASKED TO RESIGN FROM ANY JOB?

YES NO

IF YES, EXPLAIN IN DETAIL. _____

EDUCATION:

HIGH SCHOOL NAME: _____ LOCATION: _____

CIRCLE THE HIGHEST GRADE COMPLETED: 7 8 9 10 11 12
GRADUATED? YES NO

IF NOT A HIGH SCHOOL GRADUATE, DO YOU HAVE A GED? _____

COLLEGE/UNIVERSITY

NAME OF SCHOOL: _____ CITY: _____ STATE: _____

HRS EARNED: _____ QTRS EARNED: _____

MAJOR: _____ DEGREE EARNED: _____

NAME OF SCHOOL: _____ CITY: _____ STATE: _____

HRS EARNED: _____ QTRS EARNED: _____

MAJOR: _____ DEGREE EARNED: _____

NAME OF SCHOOL: _____ CITY: _____ STATE: _____

HRS EARNED: _____ QTRS EARNED: _____

MAJOR: _____ DEGREE EARNED: _____

Describe special vocational or business courses you have taken which relate to the job for which you are applying: _____

Special skills, qualifications, and certifications (including language skills, typing skills, and business equipment or machine operating skills) which relate to the job for which you are applying: _____

WORK HISTORY:

Describe your work history **BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB**, including all jobs for the past 7 years. Include military, volunteer experience and periods of unemployment. Failure to give complete information regarding each job held will result in your disqualification. Complete address with zip code and phone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this section. If more room is needed, use the back of page five.

NAME OF ORGANIZATION OR FIRM: _____ TELEPHONE: _____

DATES EMPLOYED: FROM MO/YR _____ TO MO/YR _____ TOTAL TIME EMPLOYED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

OFFICIAL JOB TITLE: _____ NAME OF SUPERVISOR: _____

PAY START: _____ END: _____

DESCRIBE SPECIFIC JOB DUTIES: _____

SPECIFIC REASON FOR LEAVING: _____

NAME OF ORGANIZATION OR FIRM: _____ TELEPHONE: _____

DATES EMPLOYED: FROM MO/YR _____ TO MO/YR _____ TOTAL TIME EMPLOYED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

OFFICIAL JOB TITLE: _____ NAME OF SUPERVISOR: _____

PAY START: _____ END: _____

DESCRIBE *SPECIFIC* JOB DUTIES: _____

SPECIFIC REASON FOR LEAVING: _____

Please use this space for additional information pertinent to your education, training and experience: _____

NAME OF ORGANIZATION OR FIRM: _____ TELEPHONE: _____

DATES EMPLOYED: FROM MO/YR _____ TO MO/YR _____ TOTAL TIME EMPLOYED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

OFFICIAL JOB TITLE: _____ NAME OF SUPERVISOR: _____

PAY START: _____ END: _____

DESCRIBE *SPECIFIC* JOB DUTIES:

SPECIFIC REASON FOR LEAVING: _____

Please use this space for additional information pertinent to your education, training and experience: _____

NAME OF ORGANIZATION OR FIRM: _____ TELEPHONE: _____

DATES EMPLOYED: FROM MO/YR _____ TO MO/YR _____ TOTAL TIME EMPLOYED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

OFFICIAL JOB TITLE: _____ NAME OF SUPERVISOR: _____

PAY START: _____ END: _____

DESCRIBE *SPECIFIC* JOB DUTIES:

SPECIFIC REASON FOR LEAVING: _____

Please use this space for additional information pertinent to your education, training and experience: _____

NAME OF ORGANIZATION OR FIRM: _____ TELEPHONE: _____

DATES EMPLOYED: FROM MO/YR _____ TO MO/YR _____ TOTAL TIME EMPLOYED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

OFFICIAL JOB TITLE: _____ NAME OF SUPERVISOR: _____

PAY START: _____ END: _____

DESCRIBE *SPECIFIC* JOB DUTIES:

SPECIFIC REASON FOR LEAVING: _____

Please use this space for additional information pertinent to your education, training and experience: _____

NAME OF ORGANIZATION OR FIRM: _____ TELEPHONE: _____

DATES EMPLOYED: FROM MO/YR _____ TO MO/YR _____ TOTAL TIME EMPLOYED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

OFFICIAL JOB TITLE: _____ NAME OF SUPERVISOR: _____

PAY START: _____ END: _____

DESCRIBE *SPECIFIC* JOB DUTIES:

SPECIFIC REASON FOR LEAVING: _____

Please use this space for additional information pertinent to your education, training and experience: _____

PERSONAL REFERENCES:

LIST THREE REFERENCES. PLEASE DO NOT LIST ANY FAMILY MEMBERS.

NAME: _____

ADDRESS: _____

PHONE NUMBER: (HOME): _____

PHONE NUMBER: (CELL): _____

HOW LONG HAVE YOU KNOWN THIS PERSON: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: (HOME): _____

PHONE NUMBER: (CELL): _____

HOW LONG HAVE YOU KNOWN THIS PERSON: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: (HOME): _____

PHONE NUMBER: (CELL): _____

HOW LONG HAVE YOU KNOWN THIS PERSON: _____

APPLICANTS CERTIFICATION AND AGREEMENT/AUTHORIZATION TO RELEASE INFORMATION

By signing below I certify that the facts in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of employment. The company is hereby authorized to make any investigation of my prior educational and work history. I authorize my former employers to give any information regarding my employment and/or any information they have regarding me, whether or not it is in their records. I hereby release them from any damage whatsoever for issuing the same.

May we contact your present employer? YES NO

May we contact your prior employers? YES NO

You must check yes or no in the "Authorization to Release Information" statement. "Yes" enables us to contact prior employers, even though we may not contact your present employer.

Signature

Date