



SKILL AND COMPASSION WHEN YOU NEED IT MOST

APPLICATION FOR EMPLOYMENT

LIFE EMS does not discriminate in hiring or employment on the basis of race, color, religion, national origin, qualifying disability, gender, age, height, weight, or other legally protected characteristics, as required by law.

Although this application may be given consideration, its receipt does not imply that there are open positions or that the applicant will be employed. LIFE EMS reserves its right to withdraw any offer of employment at any time; similarly, the applicant has the right to withdraw this application at any time. Please be sure that all of your answers on this application are complete, correct and truthful. You should understand that any omission of relevant information, any false or misleading statement, or any failure to disclose facts which, if known, might reflect unfavorably on this application, may result in dismissal even if you are employed.

Please answer every question. You will not be considered as a candidate for a job with us until we have received this application fully completed and signed by you.

GENERAL INFORMATION

Name _____ Date of Application _____
LAST FIRST MIDDLE INITIAL

Driver's License No. _____ State Issued _____

Address _____
NUMBER & STREET CITY STATE ZIP CODE

Telephone (_____) _____ Alternate Phone Number (_____) _____

Preferred Position(s): 1. _____ 2. _____

Which area of operation are you interested in working:
 Grand Rapids Kalamazoo Ionia County Lake County Newaygo County Other

Referral Source:
 Associate Friend School Agency Advertisement Walk-in Other

Are you available to work Full-Time Part-Time Expected Rate of Pay \$ _____ per

Is there anything that restricts the hours you work (including overtime) or prevents you from working any day of the week or any work shift? No Yes If yes, please explain

Are you fully capable of performing all the essential functions of the job for which you are applying? No Yes
 If no, please explain

Have you ever applied at Life EMS Ambulance? No Yes If yes, list dates

Have you ever been employed by Life EMS Ambulance? No Yes If yes, list dates

Do you have the legal right to work in the United States? No Yes

Are you 18 years old or older? No Yes

Are you currently employed? No Yes

Would you continue this if hired by Life EMS Ambulance? No Yes

Have you ever been fired, dismissed, asked to resign, resigned by mutual agreement or otherwise terminated from any job? No Yes If yes, explain

Have you ever applied for unemployment compensation? No Yes If yes, list dates

Have you ever been denied bonding? No Yes If yes, where

Have you ever been convicted of, or pled "No Contest" or "Guilty" to a crime? No Yes

Are you currently under indictment, arraignment or charged with a felony? No Yes

Have you had any driving accidents or been cited for any moving violations in the past three years? No Yes

Has your drivers license ever been suspended, revoked, denied or canceled? No Yes

Please explain Yes answers

EDUCATION

	Name & Location	Dates Attended		Course of Study	Years Completed	Graduate?		List Diploma/Degree
		From	To			Yes	No	
High School								
College								
EMS School or Other								

LIST ALL CERTIFICATIONS AND LICENSES YOU HAVE APPLICABLE TO POSITION

Certification/License	State	Cert/Lic. #	Date Received	Date Expires
1				
2				
3				
4				

For Office or Dispatch Position Please Provide Typing Speed: _____

EMPLOYMENT HISTORY

List below past & present employment beginning with your most recent, include employment with Life EMS & U.S. Military Service. Account for period of unemployment of more than 30 consecutive days by listing "unemployed" under Employer & state the beginning and ending dates of your unemployment.

1 Employer _____ Telephone No. (____) _____

Address _____
NUMBER & STREET CITY STATE ZIP CODE

Dates Employed From _____ To _____ Starting Wage _____ Final Wage _____

Job Title _____ Supervisor's Name _____

Work Performed _____

Reason for Leaving _____ Can we contact this employer?
Yes No

2 Employer _____ Telephone No. (____) _____

Address _____
NUMBER & STREET CITY STATE ZIP CODE

Dates Employed From _____ To _____ Starting Wage _____ Final Wage _____

Job Title _____ Supervisor's Name _____

Work Performed _____

Reason for Leaving _____ Can we contact this employer?
Yes No

3 Employer _____ Telephone No. (____) _____

Address _____
NUMBER & STREET CITY STATE ZIP CODE

Dates Employed From _____ To _____ Starting Wage _____ Final Wage _____

Job Title _____ Supervisor's Name _____

Work Performed _____

Reason for Leaving _____ Can we contact this employer?
Yes No

4 Employer _____ Telephone No. (____) _____

Address _____
NUMBER & STREET CITY STATE ZIP CODE

Dates Employed From _____ To _____ Starting Wage _____ Final Wage _____

Job Title _____ Supervisor's Name _____

Work Performed _____

Reason for Leaving _____ Can we contact this employer?
Yes No

If you are now employed, why do you want to change your job? _____

How much time have you lost from work or school during each of the past two calendar years for reasons other than vacation & holidays?

Year	# of Days	Year	# of Days
_____	_____	_____	_____

Please list any skills, abilities, interests, hobbies, etc. which you feel may be an asset. (Example: business machines, volunteer work, languages, data processing, clerical, etc.)

Are you planning to pursue or are you currently enrolled in any studies or courses? No Yes
If yes, when, where, for what period of time or for what courses are you enrolled?

PROFESSIONAL & WORK-RELATED REFERENCES

Name	Relationship	Phone Number
1		
2		
3		

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT.

1. **Certification of Truthfulness:** I represent that all my statements in support of my Application for Employment are true and complete. I understand and agree that if EMPLOYER, at any time, should determine that any requested information was withheld by me or any of my statements are false or misleading, I may be discharged.
2. **Employment at Will:** If hired by EMPLOYER, I agree to comply with all rules, regulations, policies, and communications directed to employees, including any changes made from time to time. I understand that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to EMPLOYER; I agree that EMPLOYER also may terminate my employment at any time, with or without cause and with or without prior review, notice, or warning.
3. **Limitation on Claims:** I agree that any lawsuit against EMPLOYER and/or its agents arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.
4. **Authorization to Work:** If I am selected for hire, I will be offered employment provided I certify and produce applicable documentation that am authorized to work as required by the Immigration Reform and Control Act of 1986.
5. **Need For Accommodation:** If I, due to a physical or mental disability, require an accommodation to perform the job for which I may be selected, I understand that I must give EMPLOYER written notice of that need within 182 days after I know or reasonably should have known that an accommodation is needed. Failure to do so may bar me from alleging that EMPLOYER has not accommodated me as required by law.
6. **Drug Testing:** I agree to provide EMPLOYER with appropriate specimens to test for the presence of drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of these tests.
7. **Physical Exam and Release of Medical Information:** I understand that any job offer will be conditioned on passing a physical exam. I authorize every medical doctor, physician or other health care provider (HCP) to provide any and all information, including but not limited to medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I will cooperate in obtaining any additional authorization required by any HCP for release of any information. I hereby release every HCP and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability for disclosure made pursuant to my authorization. I understand that medical information will not be requested from me, my physician or other HCP until a job offer has been made.
8. **Disclosures:** I agree that the contents of any offices, work spaces, desks, computer and computer generated data, any EMPLOYER property I may be using, and any of my own property I bring onto EMPLOYER's premises, may be inspected by EMPLOYER at any time it determines there is reasonable cause to do so, and I waive and promise not to make any claims against EMPLOYER (or its employees or agents) relating to such inspection. I agree that, except as directed otherwise in writing by EMPLOYER, I will not disclose to anyone or use for my own purposes, any of EMPLOYER's confidential or proprietary information, either during or after my employment. I understand and agree that client names and information, financial data, computer information and processes are confidential and proprietary information and I will not make written or other copies or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to EMPLOYER all material of any kind that I have relating to its business, including any such copies or notes. I agree that if any the above commitments by me is ever found to be legally unenforceable as written, the particular agreement concerned shall be limited to allow its enforcement as far as legally possible.
9. **Consideration for Employment:** I agree to the above terms of employment if I am employed by EMPLOYER. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a signed contract authorized by a written resolution of EMPLOYER, and that no person in EMPLOYER has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of EMPLOYER are subject to exception or change at any time as decided by EMPLOYER in its sole discretion.

I understand that I may take this application form with me to submit at a later time if I choose to do so. I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this certification, and I have knowingly and voluntarily signed below.

I acknowledge that I have read and understand the items listed in the Application for Employment, including this page.

Date _____ Name of Applicant _____

AUTHORIZATION AND WAIVER

I acknowledge that the facts set forth on this application are true and complete. I understand that if employed any false statement or omission on this application or any attachment shall be sufficient cause for dismissal. I understand that many of Life EMS Ambulance facilities and units operate seven (7) days per week and that, if I am employed by Life EMS Ambulance, I may be scheduled to work on any day of the week.

I understand that before I begin work, Life EMS may require me to undergo a physical examination and/or a drug and alcohol test. I agree to take such an examination and/or test. I also understand that if I am hired, Life EMS Ambulance may require me to undergo a drug and/or alcohol test at any time during my employment. I agree to take such a test.

I authorize Life EMS Ambulance to use its personnel or any investigative agency to investigate my personal history, education, criminal conviction record and financial record.

I also authorize all my employers and former employers, references, credit reporting agencies/bureaus, medical facilities, educational institutions and any other person(s) contacted by Life EMS Ambulance representatives to provide Life EMS Ambulance with all records and information relevant to my employment application with Life EMS Ambulance; and I release all parties who provide such records or information from all liabilities arising from such disclosures.

If hired, I understand that I will not have a contract of employment with Life EMS Ambulance. I may end my employment with Life EMS Ambulance at any time and for any reason, and Life EMS Ambulance retains the same right.

In addition, I understand that decisions concerning my employment may be made as a result of information generated from reference and background checks. I therefore authorize Life EMS Ambulance to investigate all statements made on my Employment Application and give my consent for any persons contacted by Life EMS Ambulance to respond to questions pertaining to information on this Employment Application.

I authorize all previous employers, educational institutions, medical control authority, law enforcement and/or regulatory agencies and any other persons contacted to disclose to Life EMS Ambulance any and all information in their possession about my employment history (including disciplinary and other matters), personal background and/or credit background. I hereby waive written or other notices from all such parties of their release of any such information to Life EMS Ambulance. I further authorize the educational institutions listed in this application of employment to disclose to Life EMS Ambulance any and all information in their possession regarding my attendance and performance at such institution, including but not limited to: disclosure of any diploma or degree of certification awarded; disclosure of academic information and transcripts; and disclosure of any disciplinary record. I hereby waive written or other notice from such institution of its release of any such information to Life EMS Ambulance.

I understand that under Michigan's Bullard-Plawecki Employee Right-To-Know-Act, I am entitled to notice of the release of information from my personnel files and I hereby specifically waive any such notice.

I release all former employers, educational institutions, medical control authority, law enforcement and/or regulatory agencies and any other persons contacted. I waive any liability or claim relating to the release of information or opinions and any employment decisions made by Life EMS Ambulance as a result thereof.

I acknowledge that I agree with the terms of this Authorization and Waiver.

Name: _____ Date: _____

