



APPLICATION FOR EMPLOYMENT

Air EMS considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, sexual preference, political belief, military service or any other protected class. Air EMS is a drug-free workplace.

Position(s) Applied for: Date of application

Name

Address
Street City State Zip Code

Telephone #: () - Cell #: () - Email Address

Do you have valid drivers license? If yes, state and number. Yes No

Do you have valid passport? Yes No

Have you been employed here before? If yes, dates and position. Yes No

Are you legally eligible for employment in this country? Yes No

Type of employment desired: Full-Time Part-Time Date available for work: _____

Have you ever served in the armed services? If yes, branch and dates. Yes No

Do you speak/write a language other than English? If yes, please list. Yes No

Have you ever been convicted or plead guilty or no contest to a felony and/or DUI/DWI? Yes No
If yes, provide date(s) and details. _____

Employment History

Starting with your most recent employer, please provide the following information.

Employer #1: _____

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: _____

Employer #2: _____

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: _____

Employer #3: _____

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: _____

Education and Training

School (Include City & State)	Yrs Completed	Completed
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____

Air EMS requires a minimum of four (4) years recent critical care experience. Do you meet this requirement? Yes No

Licensure / Certification	Number	Expiration Date	Certifying Agency (if applicable)
Registered Nurse			
Paramedic			
National Registry			
BLS			
ACLS			
PALS			
NRP (Neonatal Resuscitation)			
Trauma (PHTLS, ATLS Audit)			

Has your nursing or paramedic license ever been suspended or revoked? Yes No

If yes, provide date(s) and details. _____

Please list any additional skills, qualifications, certifications or training you feel are relevant to this position. _____

References

Provide name and phone number of three business/work references who are not related to you.

Name	Employer	Title	Phone Number

Authorization

I certify that the information I have given in this application are true and complete to the best of my knowledge. I understand that if hired, falsified statements or the omission of information may be considered as grounds for dismissal. I recognize that completion of this application does not mean that job opening exist and does not obligate Air EMS 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 the Company 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 job duties and to comply with drug testing requirements.

I authorize AirEMS, its employees or its agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions to verify the accuracy of information provided in this application, resume and/or job interview. I hereby waive any and all claims I may have regarding the employer, its employees or agents for seeking, gathering and truthfully using this information.

Applicants Signature: _____

Date: _____

Printed Name: _____

Please return this application and a current resume to:

Air EMS, Inc.
Attn: Human Resources
PO Box 150345
Tulsa, OK 74115

FAX: (918) 217-1207
EMAIL: info@airems.us