

# APPLICATION FOR EMPLOYMENT

## Personal/Professional Information

Last Name, First Name		Are you 21 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Physical Address	Apt. #	City	State	Zip
Mailing Address	Apt. #	City	State	Zip
Home Phone	Mobile Phone		Message Phone	
Email Address		Race (optional):		

Drivers License Number / State / Expiration Date	Social Security Number
In the last 5 years, have you received any traffic violations/citations? (i.e. speeding tickets etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Number of traffic violations/citations: _____	
Have you ever had your DL revoked or suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain. _____	
Have you been convicted of a crime within the last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain. _____	
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain. _____	

EMS Certification / License Number	State	Expiration Date
Does your certification have any current deficiencies or restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please explain. _____		
Has your EMS Certification/License ever been suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please explain. _____		
Have you ever been the subject of a TDH investigation in which you were found guilty or at fault for a complaint? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please explain. _____		

**Check all additional certifications held. List expiration dates in the space provided.**

<input type="checkbox"/> BCLS	Expiration Date _____	(CPR)	<input type="checkbox"/> ATLS	Expiration Date _____
<input type="checkbox"/> ACLS	_____		<input type="checkbox"/> PHTLS	_____
<input type="checkbox"/> PALS	_____		<input type="checkbox"/> Other (describe):	_____
<input type="checkbox"/> NALS	_____			_____
<input type="checkbox"/> BTLS	_____			_____

What special skills/talents do you possess that would make you an ideal candidate for employment at SCA?

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

Have you received any awards or recognition for outstanding employment/performance in the last five years?  YES  NO

If yes, please list awards or recognition. \_\_\_\_\_

**Desired Employment**

Desired Position:	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Start Date	Salary Desired \$ _____ per _____ <input type="checkbox"/> Hour <input type="checkbox"/> Year
Location:	New Braunfels/San Marcos	Boerne	Beeville
			George West/Three Rivers
			Victoria
Have you ever worked for this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where?	When?	
State reason for leaving: _____			
Have you ever applied for employment at this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where?	When?	
Name of last Supervisor at this company: _____			
Do you have any relatives working for SCA? (i.e. spouse, brother etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
If so, please list name / location: _____			
Who referred you to this company? <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Sign <input type="checkbox"/> Walk in <input type="checkbox"/> Employee Referral from _____			

**Education**

School Level	Name and Location of School	Number of Years Attended	Did you Graduate?	Subjects Studied
Grammar School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Trade, Business or Correspondence School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMS Technology			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ECA
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> EMT-B
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> EMT-I
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> EMT-P

**General**

Subjects of Specialized Study or Research work
Special Skills

**Service Record**

Branch of Service	Discharge Date	Rank
Are you currently on reserve status? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please describe commitment (– i.e. one weekend a month, two weeks per year, etc.):		

**Professional References**

Name	Years Acquainted	Home Phone	Mobile Phone	Work Phone

**Personal References**

Name	Years Acquainted	Home Phone	Mobile Phone	Work Phone

**Former Employers**

Please list your last three employers starting with the most recent one first.

Name of Present or most Current Previous Employer:			
Address		City	State      Zip
Start Date	End Date	Job Title	
Starting Salary	<input type="checkbox"/> Per hour <input type="checkbox"/> Per Year	Final Salary	<input type="checkbox"/> Per hour <input type="checkbox"/> Per year      May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Supervisor		Title	Telephone
Description of work:			
Reason for leaving:			
Name of Previous Employer			
Address		City	State      Zip
Start Date	End Date	Job Title	
Starting Salary	<input type="checkbox"/> Per hour <input type="checkbox"/> Per Year	Final Salary	<input type="checkbox"/> Per hour <input type="checkbox"/> Per year      May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Supervisor		Title	Telephone
Description of work:			
Reason for leaving:			
Name of Previous Employer			
Address		City	State      Zip
Start Date	End Date	Job Title	
Starting Salary	<input type="checkbox"/> Per hour <input type="checkbox"/> Per Year	Final Salary	<input type="checkbox"/> Per hour <input type="checkbox"/> Per year      May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Supervisor		Title	Telephone
Description of work:			
Reason for leaving:			

**Please write an essay describing why you have chosen to pursue a career in the Emergency Medical field whether it would be as an EMT or in Administration. Use complete sentences and correct grammatical punctuation. The essay must be 150 to 200 words in length but must not exceed 400 words in total.**

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**Authorization:**

“I certify that the information contained in this application is true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for immediate dismissal.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **CERTIFICATION OF CREDENTIALS**

I, \_\_\_\_\_, hereby certify that I have attended a State of Texas approved EMS Training Program and am currently Certified Licensed at the EMT-B EMT-I EMT-P Lic-P level. I also certify that, to my knowledge, no deficiencies currently exist on the credentials indicated above.

I acknowledge that if hired by SouthernCross Ambulance, Inc., I will be responsible for maintaining my certification/license and all other required credentials in good standing, current and valid in accordance with the rules and regulations set by the State of Texas and SouthernCross Ambulance, Inc.

I further understand the I am responsible for attaining, maintaining, and managing applicable CEU requirements as mandated by the State of Texas.

Lastly, if hired by SouthernCross Ambulance, Inc., I understand that any deficiencies in my certification or license must be immediately reported to my immediate supervisor. Failure to so may lead to disciplinary action to include possible suspension or termination of employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date