



## EMT PRE-EMPLOYMENT APPLICATION

OFFICE USE ONLY
<input type="checkbox"/> SCND

Eminent Medical Transport Incorporated is an equal opportunity employer and will consider all applicants for all positions equally without regard to sex, race, age, color, religion, national origin, veteran status or any disability as stated in the American's Disability Act.

This application will be given every equal consideration but it's receipt does not imply the applicant will be employed. Each question should be answered completely and accurately as no action can be taken on this application until all questions have been answered. Applications with False or misleading information will be grounds for automatic termination. Trust is something we expect from this point forward!

**Personal Information:**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_  
No. Street City State Zip Code

Social Security Number

Are you over the age of 18? Yes  No

**Work Seeking:**

Full Time (40 hrs+)

Part Time Hours Per Week: 8  24

16  32

Other: \_\_\_\_\_

**Position**

Position Applying For: EMT -EVOC

Paramedic

Other

EMT

Paratransit

Drivers License Information- State: \_\_\_\_\_ Type: \_\_\_\_\_ (C, M, CDL, ETC)

Currently Valid? Yes  No

Are you EVOC Certified? Yes  No

If no, are you willing to take EVOC? Yes  No

If EVOC Certified-for how long? \_\_\_\_\_

Total Years Driving: \_\_\_\_\_

Years Driving an Ambulance: \_\_\_\_\_

Years Driving Paratransit: \_\_\_\_\_

Do you have any points on your license? Yes  No

Have you been driving for more than 2 years? Yes  No

Have you been involved in an accident in the last Five (5) years? Yes  No

If yes, were you in the striking vehicle? Yes  No

Do you have 911 Experience? Yes  No

Will your license be suspended? Yes  No

Have you been charged with a DUI? Yes  No

Has your Drivers license been Suspended for any reason in the last ten years? Yes  No

If Yes, Reason:

MVR;s will be performed on all persons prior to hire regardless of driving status.

Have you received HIPAA Training in the Past? Yes  No



Are you a citizen of the U.S. or have the legal right to be employed in the United States? Yes  No

Have you ever been convicted of any crime (excluding minor traffic violations) including while driving under the influence of alcohol or drugs? Yes  No

If yes, please state offence, location, date and disposition. \_\_\_\_\_

**A conviction will not necessarily disqualify you from employment.**

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime is required by the job for which you are applying? Yes  No

If no, explain. \_\_\_\_\_

Have you ever been Sanctioned by Medicare or Medicaid or worked at a place barred from Participation in Medicare or Medicaid? Yes  No

If you Answered "Yes" Please explain in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach only copies of relevant certifications and/or licenses to this application. (EMT Position: EMT, CPR, DRIVERS LICENSE & EVOC)**

Hourly Wage Desired: \$ \_\_\_\_\_ Available Starting Date: \_\_\_\_\_

Minimum Hourly Rate \$ \_\_\_\_\_ Immediate Hire Check Here

Is your Salary Request Flexible? Yes  No

Have you ever applied to Eminent Medical Transport Inc before? Yes  No

Have you ever worked for Eminent Medical Transport Inc before? Yes  No

If answered Yes to either of the above questions, please state when and where you applied or have worked.

How did you learn of Eminent Medical Transport Inc.? \_\_\_\_\_

Are you now, or do you expect to be working at any other business or job? Yes  No

Are there any days or hours you will be unwilling or unable to work? Yes  No

If yes, please specify days and/or hours unwilling or unable to work. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



<b>Education:</b>			
Name, Address, Location	Dates	Graduate?	Courses Studied
High School	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
College	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
Trade School	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
Additional	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

If you did not graduate, why did you leave high school or college? \_\_\_\_\_

Are you planning to pursue further studies?      Yes  No

If yes, when, where and what courses? \_\_\_\_\_

If Yes; When are you scheduled to begin?      Date: \_\_\_\_\_

List any scholastic honors, offices held and any activities involved in during high school and college.  
\_\_\_\_\_

List and describe and other schools or specialized training.  
\_\_\_\_\_

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**Military:**      (Eminent Medical prefers US Military Veterans)

Have you ever served in the military?      Yes  No

If yes, please list service branch, date entered, date separated, and final rank.  
\_\_\_\_\_

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Are you currently in the Reserves?  
\_\_\_\_\_

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Will you be deployed at anytime in the future?      Yes  No

If yes, please explain; \_\_\_\_\_  
\_\_\_\_\_



**Capability & Reliability:**

Will you be willing and able to perform all of the tasks required by the job which you are applying for? Yes  No

If no, explain which tasks. \_\_\_\_\_

Have you filed any type of fraudulent claim against any of your past or present employers? Yes  No

If yes, please explain. \_\_\_\_\_

Will you abide by the rules and regulations of Eminent Medical Transport? Yes  No

Have you ever been disciplined for violating company safety rules and/or regulations? Yes  No

If yes, please explain. \_\_\_\_\_

How many days of work or school have you missed in the past two years? \_\_\_\_\_

How many days have you been late for work or school in the past two years? \_\_\_\_\_

Will you be willing and able to arrive on time for your scheduled shifts? Yes  No

If no, please explain. \_\_\_\_\_

**AMBULANCE SPECIFIC HISTORY INFORMATION**

As an Ambulance Provider in the 21st century we not only have Advanced Life Support Skill sets we as providers are required to perform many types of transports. One of the most common transport issues is the transport of obese or large patients. As an ever growing portion of the population enters the "Obese" range as described by the by the United States Government we are required to perform this type of transport on a daily basis and sometimes multiple times in a day. We maintain Bariatric Equipment as a part of our inventory of tools which includes Slide Boards and Stretchers with expanded Weight Capacities. The average patient weight differs daily. Please answer the following questions honestly.

- Have you worked any shifts for a Paid Ambulance Provider? Yes  No
- Have you worked as a "Second Man" or "Primary Patient Provider" before today? Yes  No
- Have you worked as a "Second Man" or "Primary Patient Provider" on an ALS Unit? Yes  No
- Have you ever utilized a Stair Chair? Yes  No
- Have you ever utilized a Slide Board during an Ambulance Transport? Yes  No
- Have you performed CPR (Chest Compressions or Bag Valve Mask) on an Ambulance? Yes  No
- Have you worked on a Bariatric Transport truck? Yes  No
- Have you worked with Bariatric Equipment? Yes  No
- Can you lift 125 pounds safely? Yes  No
- Can you dead lift 175 pounds? Yes  No
- Can you pull 250 pounds from a bed to a stretcher? Yes  No
- Can you, with one other person, move a 450 pound patient? Yes  No
- Can you lift a stretcher with one other person and 500 pound patient into the ambulance? Yes  No
- Before hire all Ambulance Staff are Required to perform a lift test. Will You perform Lift Test? Yes  No



**Work History:**

Business Name:	Dates Employed:	Pay:
Address:	From: ___ / ___	Starting: \$ ____.
City, State, Zip:	To: ___ / ___	Ending: \$ ____.
Telephone:	Duties Held:	Reason for Leaving:
Title Held:		
Supervisor's Name:		

Business Name:	Dates Employed:	Pay:
Address:	From: ___ / ___	Starting: \$ ____.
City, State, Zip:	To: ___ / ___	Ending: \$ ____.
Telephone:	Duties Held:	Reason for Leaving:
Title Held:		
Supervisor's Name:		

Business Name:	Dates Employed:	Pay:
Address:	From: ___ / ___	Starting: \$ ____.
City, State, Zip:	To: ___ / ___	Ending: \$ ____.
Telephone:	Duties Held:	Reason for Leaving:
Title Held:		
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Business Name:	Dates Employed:	Pay:
Address:	From: ___ / ___	Starting: \$ ____.
City, State, Zip:	To: ___ / ___	Ending: \$ ____.
Telephone:	Duties Held:	Reason for Leaving:
Title Held:		
Supervisor's Name:		



Business Name:	Dates Employed:	Pay:
Address:	From: ___ / ___	Starting: \$ ____.
City, State, Zip:	To: ___ / ___	Ending: \$ ____.
Telephone:	Duties Held:	Reason for Leaving:
Title Held:		
Supervisor's Name:		

**Supplemental Employment Information:**

If you worked in any of your previous positions under a different name, please give that name(s) below:

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Name: \_\_\_\_\_ Company: \_\_\_\_\_

Are you presently employed? Yes  No

If yes, may we contact your present employer? Yes  No

If no, explain why. \_\_\_\_\_

Have you ever been fired or asked to resign from a job? Yes  No

If yes, please explain. \_\_\_\_\_

Have you ever been disciplined or received verbal or written warnings for absenteeism? Yes  No

If yes, please explain. \_\_\_\_\_

Have you ever been disciplined or received verbal or written warnings for tardiness? Yes  No

If yes, please explain. \_\_\_\_\_

**Special Skills:**

Do you have a Current CPR Certification? Yes  No

If yes, please state provider and expiration date. \_\_\_\_\_  
(AHA, ICE, ETC) STATE EXPIRATION

Do you type? Yes  No  How many words per minute? \_\_\_\_\_

Have you ever had any computer or word processing training? Yes  No

If yes, please explain. \_\_\_\_\_

Are you experienced with Microsoft Excel? Yes  No

If Yes, What is your proficiency?

Little  Basic  Moderate  Good  Expert

Do you speak English? Yes  No

Do you speak multiple languages? Yes  No

If yes, which language/s can you speak. \_\_\_\_\_

Do you know sign language? Yes  No

Please specify skills and abilities which you feel particularly qualify you for a position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**WORK SHIFT AVAILABILITY - MUST READ CAREFULLY**

Accurate scheduling is an essential attribute desired by the company. The decision to hire for the Eminent Team is based upon each applicants availability. Eminent Staff work weekends regularly as a normal part of their schedules. Keep in mind we are a Medical Transportation Company which does **not** translate into a perfect Shift, we expect everyone work past their scheduled end time as needed. Be Honest, the hours you describe below will not only determine whether or not you are considered for employment but will be used to schedule you in the event you are hired. THIS AVAILABILITY CANNOT BE CHANGED AFTER HIRE FOR A MINIMUM OF ONE YEAR UNLESS APPROVED

*(Please use Military Time if you can)*

	Availability Start Time	Availability End Time	Availability Start Time	Availability End Time	
Monday	_____	_____	_____	_____	<div style="border: 1px solid black; padding: 5px;"> <p align="center"><b>EXAMPLE</b></p> <p>START END    START    END</p> <p>12AM   8AM        3PM   1130 PM</p> <p>APPLICANT HAS SCHOOL FROM 9AM TO 2 PM</p> </div>
Tuesday	_____	_____	_____	_____	
Wednesday	_____	_____	_____	_____	
Thursday	_____	_____	_____	_____	
Friday	_____	_____	_____	_____	
Saturday	_____	_____	_____	_____	
Sunday	_____	_____	_____	_____	

**Management Only  
SCHEDULE TO CHANGE**

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

If you do not understand the portion above please ask.

Please Check this box confirming your availability will not change in the next year:

Please keep in mind this is a major portion of your application and the primary reason for hiring anyone. You cannot change this availability after hire. Any changes in availability Post Hire are agrounds for termination of employment.

**IF PART TIME-DAYS AVAILABLE**

If you are seeking Part Time Employment and are only available certain days of the week or month, please place an "X" on the days you are available for work. All Full-Time employees of Eminent Medical Transport are required to weekends.

MONTHLY AVAILABILITY FOR PART TIME APPLICANTS ONLY						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY





**REQUEST FOR DRIVER INFORMATION  
MOTOR VEHICLE RECORD (MVR)**

Eminent Medical Transport Incorporated is required by our Vehicle/Liability/General Insurance Provider /s to acquire a Drivers History Report, Motor Vehicle Report (MVR) for each and every driver we hire to drive any company vehicle. As a Medical Provider performing services for and billing Medicare, Medicaid, etc we are required by Federal Law to perform a Criminal History on every employee. As part of the application process we require all applicants to complete this form so that we may obtain your Motor Vehicle Report (MVR). Eminent Medical Transport Incorporated will perform the Motor Vehicle Report (MVR) as described below in Section One (1). We utilize to obtain the information. (American Driving Records Inc. PO Box 1970nRancho Cordova, Ca 95741-1970 )

**SECTION ONE-REQUESTOR INFORMATION**

Eminent Medical Transport Inc. requires a 10 YEAR RECORD Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the LAST TEN (10) years from the date the request is processed. You may obtain a copy of your own record in PA. website at www.dmv.state.pa.us- Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

**SECTION TWO-REQUESTER INFORMATION (ALL INFORMATION REQUIRED)**

Name: \_\_\_\_\_ Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
          Last                            First                            Middle

Email: \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Current Address: \_\_\_\_\_  
                            No.                            Street                            City                            State                            Zip Code

PA Drivers License Number \_\_\_\_\_ State Initials: 

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DAYTIME TELEPHONE NUMBER (REQUIRED) 

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DAYTIME TELEPHONE NUMBER (REQUIRED) 

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**END USER OF INFORMATION BEING REQUESTED  
Eminent Medical Transport Inc-PO Box 376, Media, Pa 19063**

Eminent Medical Transport Inc hereby Certify that use of your driver record abstract(s) will be limited for the purpose of Employment and no other reason. As required pursuant to Section 6114 of the Pennsylvania Vehicle Code, This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.

**SECTION THREE-DRIVER RELEASE**

I                              Printed Name                             I hereby request and approve the Department of Transportation of my licensing state AND/OR American Driver Services to furnish a copy of my Driver's Record to Eminent Medical Transport Incorporated.

I further agree Eminent Medical Transport Inc has my permission to obtain my Drivers record for purposes of employment as often as required until my employment with Eminent Medical Transport Inc is terminated by either party.

\_\_\_\_\_  
SIGNATURE OF DRIVER DATE

**IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION**

- Driver record information is confidential and restricted information and the End User is responsible for protecting the confidentiality of
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- Eminent Medical Transport Inc retains exclusive ownership of all driver record information obtained and promises to maintain the security information protecting from any unauthorized use. A copy of the records will be kept in my personnel file if hired and any paper copies destroyed if not hired. Eminent medical Transport Inc will continue to have electronic access to the records as maintained by American Driver Records.
- The driver record cannot and will not be disseminated or published.

**Section 4.0 APPLICANT AGREEMENT:** I acknowledge and agree if I accept employment and resign my position before completion of the probationary period I accept financial responsibility for the costs incurred by Eminent Medical Transport Inc. researching my drivers license (MVR), criminal history background and agree to a payroll deduction for the costs usually less than but no more than thirty (\$30.00) dollars.

Applicants Initials: 

X
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 By Initialing I agree to the Applicant Agreement in Section 4.0



**Affidavit:**

I certify that the answers to the foregoing questions in this application are true and correct without any omissions of any kind. I agree that if I am employed by Eminent Medical Transport Inc, any false or misleading information made on this application or during any interview may be grounds for immediate termination and more specifically to the Availability Portion of this application. I hereby authorize Eminent Medical Transport Inc to contact any company or individual necessary to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing of any and all information as a result of this application. I hereby waive my right to bring any cause of action against Eminent Medical Transport Inc for defamation, invasion of privacy or any other reason because of their statements. I agree that if I am employed, I will abide by the Policy and Procedures of Eminent Medical Transport Inc. I understand that no employee of Eminent Medical Transport Inc is authorized to enter into any written or verbal employment contracts with myself for any definite period of time without the written consent of the President of Eminent Medical Transport Inc. I understand the taking of drug and alcohol tests, when when required by company policy, are a condition of continued employment and refusing any tests are grounds for immediate termination. I understand that my employment is 'at-will' and my be terminated by myself or by Eminent Medical Transport Inc at any time for any reason or no reason at all, with or without prior notice. I further understand and agree a Post Hire Physical Exam is a condition of employment and any deficiency is cause for discharge from employment.



Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Eminent Medical Transport Incorporated Use Only:**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Background Check Submitted? Yes  No  Date: \_\_\_\_\_

Will applicant be driving a company vehicle? Yes  No

Drivers License Check Submitted? Yes  No  Date: \_\_\_\_\_

Payrates/Comments:	NOTE:
Training Rate: \$ _____	_____
Day 1-120 Rate: \$ _____	_____
121 Day to 1 Year Rate: \$ _____	_____
Performance Review <input type="checkbox"/>	_____
Other \$ _____	_____

If checked - As a condition of employment this applicant is Required to obtain EVOC Certification within 90 days of hire.

**HAS THE APPLICANT SIGNED THE AFFIDAVIT ABOVE?**

Background Check Pass: Yes  No  By: \_\_\_\_\_ Date: \_\_\_\_\_

Driver License Check Pass: Yes  No  By: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier Approved: Yes  No  By: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Hired: Yes  No  By: \_\_\_\_\_ Date: \_\_\_\_\_

DATE PRINTED: September 19, 2014