



Medic Rescue, Inc.
 809 South Goliad
 Rockwall, Texas 75087
 Phone: (972) 772-4148
 Fax: (972) 772-4507

APPLICATION FOR EMPLOYMENT

MEDIC RESCUE IS AN EQUAL OPPORTUNITY EMPLOYER AND SELECTS THE BEST QUALIFIED APPLICANT FOR THE POSITION BASED UPON JOB RELATED QUALIFICATIONS, REGARDLESS OF AGE, RACE COLOR, CREED, NATIONAL ORIGIN, SEX, MARITAL STATUS, SEXUAL PREFERENCE, VETERAN STATUS OR A PHYSICAL OR MENTAL DISABILITY.

PERSONAL INFORMATION

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|---------------------------------------------------|-----------------|
| LAST NAME | FIRST | MI | HOME PHONE | ALTERNATE PHONE |
| STREET ADDRESS | | CITY | STATE | ZIP |
| DRIVERS LICENSE NUMBER | | | ARE YOU ELIGIBLE TO WORK IN THE US | |
| ARE YOU 18 YEARS OR OLDER | DATE AVAILABLE | PAY DESIRED | ARE YOU AVAILABLE FOR FULL TIME WORK, IF NO WHEN? | |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES GIVE ALL DATES, PLACES, CHARGES AND DISPOSITION. CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT CONSIDERATION. | | | | |

EDUCATION AND TRAINING

| SCHOOL | NAME AND LOCATION | TRAINING / MAJOR | DID YOU GRADUATE |
|-------------|-------------------|------------------|------------------|
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| VOCATIONAL | | | |
| OTHER | | | |

MILITARY SERVICE

| | | | |
|--------------------------------------------------|--------------|-----------------|-------------------|
| BRANCH | DATE ENTERED | DATE DISCHARGED | RANK AT DISCHARGE |
| NATURE OF DUTIES & SPECIALIZED TRAINING INVOLVED | | | |

WORK EXPERIENCE

| | | | | | |
|--------------------------------------------|--------------|----------------------------|----------|--------------------|---------|
| EMPLOYER | PHONE NUMBER | START DATE | END DATE | START PAY | END PAY |
| ADDRESS | | NAME / TITLE OF SUPERVISOR | | FULL OR PART TIME | |
| JOB TITLE AND DESCRIPTION OF DUTIES | | | | REASON FOR LEAVING | |
| MAY WE CONTACT THIS EMPLOYER, IF NOT, WHY? | | | | | |

| | | | | | |
|--------------------------------------------|--------------|----------------------------|----------|--------------------|---------|
| EMPLOYER | PHONE NUMBER | START DATE | END DATE | START PAY | END PAY |
| ADDRESS | | NAME / TITLE OF SUPERVISOR | | FULL OR PART TIME | |
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| JOB TITLE AND DESCRIPTION OF DUTIES | | | | REASON FOR LEAVING | |
| MAY WE CONTACT THIS EMPLOYER, IF NOT, WHY? | | | | | |

CERTIFICATIONS AND CARD COURSES, PLEASE ATTACH A COPY OF ALL APPLICABLE CARDS AND

CERTIFICATIONS

LP EMT-P EMT-I EMT ECA EMD

CERTIFICATION# _____ EXPIRATION DATE: _____

| COURSE | DATE CERTIFIED | DATE EXPIRED | CERT NUMBER |
|-------------------------------------------|----------------|--------------|-------------|
| BTLS – BASIC TRAUMA LIFE SUPPORT | | | |
| ACLS – ADVANCED CARDIAC LIFE SUPPORT | | | |
| BCLS - CPR | | | |
| PALS – PEDIATRIC ADVANCED LIFE SUPPORT | | | |
| NRP – NEONATAL RESUSCITATION PROGRAM | | | |
| EVOC – EMERGENCY VEHICLE OPERATORS COURSE | | | |
| NATIONAL REGISTRY | | | |

AFFIDAVIT

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS CORRECT AND WITHOUT CONSEQUENTIAL OMISSIONS AND UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION WILL VOID THIS APPLICATION AND IS GROUNDS FOR DISMISSAL IN ACCORDANCE WITH MEDIC RESCUE POLICIES. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF MEDIC RESCUE, AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITHOUT NOTICE, AT ANY TIME, AT THE OPINION OF THE COMPANY OR MYSELF. THIS APPLICATION IS SUBMITTED WITH THE UNDERSTANDING THAT UPON ACCEPTANCE OF A FORMAL EMPLOYMENT OFFER, I WILL BE REQUIRED TO COMPLETE MEDIC RESCUE’S PRE-PLACEMENT TESTING, WHICH WILL INCLUDE DRUG AND ALCOHOL SCREENING. I AUTHORIZE MEDIC RESCUE TO INVESTIGATE ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO MAKE A CONSUMER CREDIT CHECK. CONTINUED EMPLOYMENT IS CONTINGENT ON VERIFICATION OF INFORMATION PROVIDED ON THIS APPLICATION. POSITIONS THAT REQUIRE OPERATING A COMPANY VEHICLE MUST SUBMIT, UPON ACCEPTANCE OF A FORMAL EMPLOYMENT OFFER, A CURRENT MOTOR VEHICLE REPORT (MVR) THAT IS NOT MORE THAN THREE DAYS OLD. MVR’S WILL BE REVIEWED TO DETERMINE THE INDIVIDUALS INSURABILITY BASED ON INSURANCE CARRIER AND COMPANY POLICY. FAILURE TO BE INSURABLE MAY BE CAUSE FOR TERMINATION.

SIGNATURE: _____ DATE: _____