

PIEDMONT TRIAD AMBULANCE & RESCUE, INC.

EMPLOYMENT APPLICATION

To be considered for a position with Piedmont Triad Ambulance & Rescue, Inc. please follow the instructions below:

1. Complete the attached application.
2. Obtain a Criminal History from the local Law Enforcement Agency from the City or County in which you reside
3. Attach a copy of your current Certification Card. A **Minimum of EMT Level** is required.
4. If you have been immunized for Hepatitis B, please attach a copy of your immunization records. If you have not been immunized for this, upon employment, you will be provided with an immunization.
5. If you have had a recent (within the last year) Tuberculin Skin Test, please provide proof of this. If not, it will be offered upon employment.
6. Attach a copy of your **North Carolina** Driver's License
7. Attach a copy of any other relevant certifications, such as Haz-Mat Awareness, CPR, etc.
8. Please return the above information to Piedmont Triad Ambulance & Rescue, Inc. by:

DROPPING IT OFF AT

1422 South Main Street, High Point, North Carolina

MAILING IT TO

P.O. Box 534, High Point, North Carolina 27261-0534

9. Please refer any questions to Chief Paula Lineberry at 336-887-3411 or 336-272-1001

We look forward to hearing from you, and we appreciate your interest in
Piedmont Triad Ambulance & Rescue, Inc.

PIEDMONT TRIAD AMBULANCE & RESCUE, INC.

EMPLOYMENT APPLICATION

(Please Print)

Date: _____

Name: _____ Social Security #: _____

Street: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Home Phone: (____) _____ Pager: (____) _____

How Were You Referred To Us? Newspaper Ad School Own My Own
 Current Employee Agency Other

Name of Referral Source: _____

Type of Work Desired: _____

Indicate the paid position for which you are applying: EMT EMT-IV Office Job

What is your minimum weekly salary requirement: _____

Date available for work: _____

Do you have any commitments to another employer that might affect your employment with us?

Training: Classes will be held the 1st and 4th Thursdays in every month.

Will you take the training as required: Yes No

I **have had** the Hepatitis-B vaccine & can provide proof

I **have not** had the Hepatitis-B vaccine

I **would not** like to have the Hepatitis-B vaccine

I **would like to have** the Hepatitis-B vaccine at no cost

I agree to provide, at my expense, to Piedmont Triad Ambulance & Rescue, Inc. a copy of my local and state criminal record. If previous residence is from another state, a record from that state will also be provided.

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Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, religion, color, natural origin or disability.)

Agreement (Please Read The Following Statement Carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time, at the discretion of either the company or myself. I understand that no management official other than the Chief or Assistant Chief of the company has any authority to enter into any agreement contrary to the foregoing, or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at any employment decision.

This application will be active for only 30 days. I understand that if I am not hired within 30 days, I must reapply in order to again be considered for employment.

Also, if I am accepted as an employee, I agree to turn in any equipment, uniforms, etc., belonging to the Rescue Squad if I should become disassociated from the organization.

Name

Date

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PREVIOUS PLACES OF EMPLOYMENT

COMPANY NAME:	DATES OF EMPLOYMENT:
ADDRESS:	SALARY: STARTING: ENDING:
TELEPHONE:	REASON FOR LEAVING:
JOB TITLE:	
DESCRIPTION OF YOUR WORK:	

COMPANY NAME:	DATES OF EMPLOYMENT:
ADDRESS:	SALARY: STARTING: ENDING:
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