



AMERICAN MEDICAL RESPONSE®

EMPLOYMENT APPLICATION

AMR is an equal opportunity employer and selects the best individual for the job based upon job related qualifications, regardless of race, color, religion, sexual orientation, national origin, gender, age, veteran status, ancestry, marital status, or disability. AMR will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability, unless the accommodation will impose an undue hardship on the operation of our business.

Name _____
(Last) (First) (Middle) (Alias)

Current Address _____
(Street) (City) (State) (Zip)

Telephone _____
(Daytime) (Evening) (Cell)

Email Address _____ Social Security Number _____

Are you over 18 years of age? _____ (The law prohibits discrimination against anyone at least 40 or more years old)

Have you ever applied or were employed at AMR or any of its subsidiaries before? _____ If yes, when? _____ Position _____

Do you have any relatives working for AMR or its subsidiaries? If yes, which location/department? _____

Education and Training:					
Type of School	Name	City, State	Years Completed	Degree	Course/Major Subjects
High School					
College					
Vocational/ Technical					
Other Training					

Position You Are Applying For:

Position Title: _____ Location: _____ Salary Requirement: _____

How did you learn of this position? _____ When can you start? _____

Are you seeking: Full -Time / Part -Time / Temporary Employment? _____ Hours/Shifts Available: _____

PLEASE READ AND COMPLETE CAREFULLY		YES	NO
1	Are you legally eligible for employment in the U.S.?		
2	Have you ever been fired or asked to resign from any job? If yes, please list employer, date, and reason below.		
3	Have you ever been refused bond from a bonding company?		
4	Is there any reason that you could not adequately perform the essential duties of the job for which you have applied?		
5	Have you ever been excluded or debarred from practicing within a federal healthcare program? If yes, list term and reason for exclusion below.		
PLEASE COMPLETE THIS SECTION IF THE JOB FOR WHICH YOU ARE APPLYING MIGHT REQUIRE YOU TO DRIVE COMPANY VEHICLES			
6	Do you have a valid driver's license? If yes, please list state, number, expiration date, and type/endorsement.		
7	Have you been cited for any moving violations in the last three years?		
8	Have you had any accidents in the last three years?		
9	Has your driver's license ever been suspended, revoked, denied or canceled?		

EXPLAIN ALL "YES" ANSWERS BELOW (OTHER THAN #1 ABOVE)

Have you been convicted of any crime? (Include any finding or plea of guilt, deferral, no contest or nolo contendere. Exclude minor traffic offenses) () yes () no
If yes, give all dates, places, charges, and disposition. Conviction will not necessarily bar you from employment consideration. _____

Typing Speed _____ Other Office Machines _____

APPLICANT EEO OR AFFIRMATIVE ACTION INFORMATION

It is the policy of American Medical Response to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, gender, age, ancestry, sexual orientation, veteran status, marital status, or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below. Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form.

Full Legal Name: _____ Position Applied for (list only one): _____

What is your race/ethnic origin? (select one)

- American Indian or Alaskan Native
- Black, not of Hispanic Origin
- Hispanic
- White, not of Hispanic Origin
- Asian or Pacific Islander

Location applied for _____

What is your gender? (please circle) **Male** **Female**

Signature: _____ Date: _____

List other qualifications and skills (e.g. languages, typing, office machines, etc.). Please list job related organizations, clubs, professional societies, or other associations to which you belong (you may omit those of which may indicate your race, color, religion, sexual orientation, national origin, gender, age, veteran status, marital status or disability).

Employment History: Complete information, including contact numbers, will assist in timely verification

Employer	Month/Year Employed From To	Position Title
Address		Responsibilities
City, State Zip		
Name of Supervisor	Phone #	Last Base Salary
		Reason for Leaving
Employer	Month/Year Employed From To	Position Title
Address		Responsibilities
City, State Zip		
Name of Supervisor	Phone #	Last Base Salary
		Reason for Leaving
Employer	Month/Year Employed From To	Position Title
Address		Responsibilities
City, State Zip		
Name of Supervisor	Phone #	Last Base Salary
		Reason for Leaving

May we contact the employers listed above? Yes ___ No ___ If no, indicate which: _____

Other names under which your former employers or educational institutions would know you: _____

PROFESSIONAL / WORK-RELATED REFERENCES:

Name	Relationship	Daytime Phone	Evening Phone

MICTN, MICN, RN, EMT and Paramedic applicant must complete the following section.

	NAME	LOCATION	CERTIFICATION NO.	EXPIRES
EMT-B / EMT-I				
EMT PARAMEDIC				
BCLS/CPR				
ACLS				
OTHER:				
OTHER:				
OTHER:				
OTHER:				

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.

I UNDERSTAND that the employer may request an investigative consumer report agency, as well as a check of my criminal record. I understand that should this application or a criminal record check reveal a conviction of a crime, further processing of this application or my employment, if hired, may be terminated.

If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.

I understand that I will be required to possess a current and valid driver's license if my job requires me to drive in the course of my work.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements. I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against AMR and any outside agency utilized by AMR as a result of any information which is obtained in this investigation.

This application is submitted with the understanding that upon acceptance of a formal employment offer, I will be required to successfully pass AMR's pre-placement testing, which will include a drug and alcohol screen. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF THE COMPANY OR MYSELF.

SIGNATURE: _____ **DATE:** _____



AMERICAN MEDICAL RESPONSE®

**RELEASE AUTHORIZATION AND
FAIR CREDIT REPORTING ACT DISCLOSURE
[FOR EMPLOYMENT PURPOSES]**

In connection with my application for employment or promotion, I acknowledge that AMR may now, or at any time while I am employed by AMR, verify information within my employment application, resume or contract for employment. In the event that information from a report subject to the Fair Credit Reporting Act is utilized in whole or in part in making an adverse decision, I understand that before making the adverse decision, AMR will provide to me a copy of the consumer report and a description in writing of my rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

I also understand and acknowledge that AMR may also obtain an investigative consumer report including information as to my character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting my present and previous employers or references supplied by me, and various federal, state and other agencies, including public and private sources which maintain records concerning past activities. Including, but not limited to, driving records, criminal records, civil actions, previous employment, educational background, and professional licensing. I understand and acknowledge that I have the right to request, in writing, within a reasonable time, that AMR make a complete and accurate disclosure of the nature and scope of the information requested. I acknowledge and agree that a telephonic facsimile or copy of this release shall be as valid as the original.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to AMR or any of its affiliates or carriers, or AMR's designated agent for making such inquiries. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my employment.

Print Applicant Name: _____

Date: _____ Signature of Applicant: _____

Date of Birth: _____

High School and Dates Attended: _____

College and Dates Attended: _____

Graduate School and Dates Attended: _____

Not including current address, list previous addresses for past seven (7) years:

Street City State Zip Country

Street City State Zip Country

Street City State Zip Country

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

Type of Business:	Contact
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation ,Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



AMERICAN MEDICAL RESPONSE®

FOR FIELD EMPLOYEES ONLY

I am certified as a: (place a check next to the appropriate certification)

EMT-B _____ EMT-I _____ Paramedic _____ CCT Nurse _____

If you are an EMT-B or EMT-I:

List the number of years you have been certified at each level: (Round down i.e. 1 ½ yrs = 1 yr)

EMT-B _____

EMT-I _____

(Intermediates: List BOTH time in cert at EMT-B level AND EMT-I level)

If you are a Paramedic:

List the number of years you have been certified at that level: (Round down i.e. 1 ½ yrs = 1 yr)

Paramedic _____

If you are a CCT Nurse:

List the number of years you have been certified at that level and Emergency Room (ER) experience: (Round down i.e. 1 ½ yrs = 1 yr)

CCT Nurse _____ ER experience _____

I CERTIFY that all information provided above is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.

Signature

Date

Signature---Please Print