



Employment Application

Considering a career in the EMS field? Life EMS knows having the right people on our team is the most important thing we can do to provide the highest standard of care. We are looking for the very best.

Contact Information

First Name

Last Name

E-mail Address

Phone Number

Alternate Number

.....
Current Address

City

State

Zip Code

Length of Residence

.....
Previous Address

City

State

Zip Code

Length of Residence

General Information

Are you at least 21 years of age?

Yes

No

Date Available to Work

Employment Preference

Full-Time

Part-Time

Administrative (8 hour)

Dispatch (12 hour)

EMT/Paramedic (12/24 hour)

Shift Preference

8 hour

12 hour

24 hour

Other

Certification Information

List ONLY current certifications

Note: Photocopies of certifications will be required if interviewed

CPR

Expiration Date

Certifying Agency

EMT Type

(Oklahoma EMS
Certification Required)

EMT - B

EMT - I

EMT - P

Other

Expiration Date

Certifying Agency

ACLS (Medics ONLY)

Expiration Date

Certifying Agency

PALS (Medics ONLY)

Expiration Date

Certifying Agency

Employment History (Life EMS)

Please list names and relationships of relatives or friends working at Life EMS.

Have you ever been employed by Life EMS?

Yes

No

If yes, please answer the questions below. If no, please skip to the next section.

What dates were you employed by Life EMS?

What position(s) did you hold at Life EMS?

What was your reason for leaving Life EMS?

Employment History

List most recent employer first.

Company

Start Date

End Date

(if current leave blank)

Address

Position Held

Start/End Hourly Rate

Supervisor Name

Phone Number

Job Duties

Reason for Leaving

Company

Start Date

End Date

Address

Position Held

Start/End Hourly Rate

Supervisor Name

Phone Number

Job Duties

Reason for Leaving

Company

Start Date

End Date

Address

Position Held

Start/End Hourly Rate

Supervisor Name

Phone Number

Job Duties

Reason for Leaving

Please explain any employment gaps.

Military Experience

Do you have any military experience?

Yes

No

If yes, please answer the questions below. If no, please skip to the next section.

Branch of Service

Date Began

Date Ended

Rank and Duties

Discharge Type

Date of Discharge

Location(s)

Education Background

High School Name & Location

Years Attended/Completed

Did you graduate?

Did you receive a GED equivalent?

Yes

No

Yes

No

If you did not graduate or receive a GED equivalent what is the highest grade you completed?

.....

College/University Name & Location

Years Attended/Completed

Did you graduate?

Yes

No

Course of Study(Major/Degree)

.....

Technical School Name & Location

Number of Years Attended/Completed

Did you graduate?

Yes

No

Course of Study
(Major/Degree)

EMS/Fire Safety Related Training Not Listed Above

EMS/Fire/Professional Affiliations

Current EMS/Fire related positions

Will these positions remain active if employed with Life EMS?

Yes No

Any additional information or qualifications Life EMS should know about in considering your application.

References

First Name	Last Name	
E-mail Address		Phone
Relationship	Years Known	
.....		

First Name	Last Name	
E-mail Address		Phone
Relationship	Years Known	
.....		

First Name	Last Name	
E-mail Address		Phone
Relationship	Years Known	

Miscellaneous Information

Have you ever been arrested?

Yes No

Have you ever been convicted, pled guilty or no contest to a crime? This includes felony, misdemeanor, DUI/DWI or similar offenses.

Yes No

Note: A conviction record will not necessarily be a bar to employment. However, falsification will result in termination of the application or employment.

If yes to either, please explain and describe in full detail.

.....
Do you have a valid driver's license?

Class

State of Issue

Yes No

Have you ever been convicted, pled guilty or no contest to a traffic/moving violation or had your license revoked or suspended?

Yes No

If yes, please explain and describe in full detail as well as list all moving violations (convictions), accidents, suspension, or revocations of your license in the last 5 years.

.....
Have you ever been or are you currently under investigation by any governing entity such as the Division of EMS, Dept. of Health, or any other regulatory board?

Yes No

If yes, please explain and describe in full detail with dates and outcome.

Have you ever had your EMS certification suspended or revoked for any reason?

Yes No

If yes, please explain and describe in full detail with dates and outcome.

Have you ever been excluded or are you currently excluded from participating in any Federal Health Program such as Medicare or Medicaid?

Yes No

If yes, please explain and describe in full detail.

Have you ever been disciplined or terminated for any of the follow reasons: alcohol or drug related activity at work, assault or fighting, excessive absenteeism, harassment, insubordination, patient abuse, reckless driving, or violation of safety rules?

Yes No

If yes, please explain and describe in full detail.

.....
Can you verify your legal right to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means?

Yes No

Applicant Acknowledgement

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered a sufficient reason for my discharge if hired. I recognize that completion of this application does not obligate Life EMS in any way. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by Life EMS as a condition of my employment, and I hereby give my consent to the release of all information which Life EMS deems necessary to determine my ability to perform job duties now or in the future. I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from Life EMS.

I hereby authorize Life EMS to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release Life EMS and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with Life EMS may be terminated.

I have read and agree to this disclaimer.

Applicant Signature

Date

Applications may be submitted online or mailed to PO Box 365, Enid, OK 73702-0365.