For First Responder, EMT-B, I, or P
PERSONAL INFORMATION

45th Parallel Emergency Medical Service

Candidates should keep in mind that they will have definitive legal duties and responsibilities as staff of the ambulance service under the guidance of a Board of Directors and direct supervision by the EMS Chief. Please be advised that licensing and certification is an individuals responsibility. EMT's have the primary responsibility for day to day emergency medical services coverage throughout the 45th Parallel EMS catchment area and mutual aid coverage.

Last Name:	First Name:	Middle Initial:
eMail Address:	Home Phone:	Social Security #
Mailing Address:		
City	State	Zip

Check the position you are applying for:

- ❑ Full Time
- ❑ Per Diem
- ❑ Transfer Crew

Are you a U.S. Citizen? ☐ Yes ☐ No

Do you agree to a to allow the 45th Parallel EMS to conduct a post employment comprehensive background investigation such as; Criminal Offender Record Information (CORI), Motor Vehicles (MV) and US Office of Attorney General (for Medicare improprieties).
☐ Yes ☐ No If NO you are not eligible for employment consideration. ☒

I _____ _____ *the undersigned understand the above and agree to these pre-employment checks.*
Applicant's Signature Date

EXPERIENCE

Current or Previous /Employer	Employment Dates (Mo/Yr)	Job Title	Supervisor
Address	Company Telephone	Brief Description of Duties	
City	State Zip		Reason for Leaving

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May we request references from your current employer? ☐ Yes ☐ No Former Employer(s)? ☐ Yes ☐ No ☒

If No, please explain: _____

_____

Have you ever worked under another name? ☐ Yes ☐ No If Yes, what? _____

Have you ever been discharged or resigned from a job after being told your performance was unsatisfactory? ☐ Yes ☐ No ☒

If Yes, please explain: _____

_____

Have you ever been debarred, suspended, excluded or otherwise been ineligible for participation in any federal healthcare program such as Medicare or Medicaid? ☐ Yes ☐ No ☒

If Yes, please explain: : _____

_____

Have you ever been the subject of professional misconduct proceedings or received a notice of impending actions? ☐ Yes ☐ No ☒

If Yes, please explain: : _____

_____

Have you been convicted of a felony at any time? ☐ Yes ☐ No ☒ **If Yes, please describe all, including dates and locations.**

_____

_____

_____

Have you read and understand the Job Description for which you are applying? ☐ Yes ☐ No ☒

List the currently active licenses and certifications applicable to the position to which you are applying? Please include expiry dates as well.

_____ _____

_____ _____

_____ _____

ADDITIONAL COMMENTS: (Please include any additional information that you feel would be applicable)

_____

_____

ADDITIONAL REFERENCES: (Optional)

NAME	ADDRESS	PHONE	RELATIONSHIP

I certify that the information on this application (and resume if applicable) is accurate and complete and I understand that false statements may be considered grounds for non-employment or termination. I understand that employment at 45th Parallel EMS is "at will." Initially, I will be on a 180-day Introductory Period. The 45th Parallel EMS is obligated to continue our employment relationship if it does not wish to do so. No representative of 45th Parallel EMS has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to this. I understand that 45th Parallel EMS is an Equal Opportunity Employer. 45th Parallel EMS does not discriminate against any potential applicant based on age, gender, marital status, sexual orientation, disabilities, religious beliefs, race, national origin, ancestry, color, creed, political or military affiliation, veteran's status or eligibility for service in the Armed Forces of the US.

_____ _____

Applicant's Signature Today's Date