

Angleton Area Emergency Medical Corps, Inc.

Application for Employment

THIS INSTITUTION IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE IN RECRUITING, HIRING, TRAINING, PROMOTION OR OTHER EMPLOYMENT PRACTICES FOR REASONS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR ON THE BASIS OF AGE. WE DO NOT DISCRIMINATE AGAINST VETERANS OR THE HANDICAPPED. NO QUESTIONS IN THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

Personal Information

Date of Application _____ Social Security No. _____

Name _____
Last First Middle Initial

Current Address _____
Street/Box City State Zip Code

Other Address where you may be reached _____

Home Phone No. _____ Work Phone No. _____

Cell Phone No. _____ Texas Drivers License No. _____

Email Address _____

Have you ever been convicted of a criminal offense, specifically involving dishonesty or breach of trust (including but not limited to robbery, embezzlement, forgery, perjury, etc.) _____ Yes _____ No If so, state dates, place, court, where offense occurred and judgment given. _____

Are you 18 years of older? Yes _____ No _____

Are you either a U.S. Citizen or an alien authorized to work in the United States? Yes _____ No _____

Employment Desired

Position for which you are applying _____

Type of Employment: Full Time _____ Part-time _____

Date you can Start _____ Salary Desired _____

Education/Training

Check highest level attained.

____ Not high school graduate (Circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12
____ High school graduate _____ GED _____ Less than two years of college
____ Two or more years of college _____ Associates Degree _____ Bachelor's degree
____ Other training or education _____

Licenses/certifications held _____

Current State Certification _____ Expiration _____

Work Experience

Please provide a complete listing of all jobs or positions you have held in the past 10 years. List most recent first. Attach additional sheets if necessary

Employer and Location	Phone Number	Position/Title	Dates Employed	Reason for Leaving

References

Please list below references that may be contacted regarding your work history. Please include all manager/supervisors at the last two employing organizations who evaluated or supervised your performance.

Full Name of Reference	Firm Name	Mailing Address	Phone Number

Verification

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I fully understand because of the nature of the business conducted by the organization that all information, whether written, spoken or otherwise communicated or obtained, and all files and records of any and every description relating to the business of the organization or to anyone with whom the organization has dealings, constitute privileged matters and are to be treated in a strictly confidential manner. I fully understand and agree that, should I enter the employ of the organization, I am not to, and will not at any time, communicate or reveal any business of the organization or any such information or records or files or the matters contained therein to unauthorized personnel within the organization, or to anyone outside the organization. I also understand that any violation of the foregoing shall be sufficient grounds for termination of my employment.

In the event I am employed by the organization, I will comply with all rules and regulations as set forth in the institution's policy manual or other communications distributed to all employees.

In the event I am employed by the organization, I hereby assent to a physical examination conducted by a physician selected by the organization. (Exam will be paid for by the organization)

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I understand that in the event of suspected embezzlement, theft, or misappropriations, you will use polygraph testing in compliance with the Employee Polygraph Protection Act.

I understand that if I am employed, a photograph may be later required for attachment to my personnel file.

I hereby acknowledge that I have read the above statement and understand the same.

I hereby authorize you to check my credit history and to answer question about your credit experience with me.

Application Date

Applicant's Signature

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS _____

HIRED YES NO _____ POSITION _____ DEPT _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

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All applicants are subject to employment by an outside staff leasing company (Professional Employment Organization-PEO), contracted by AAEMC.

All prospective employees must meet the minimum requirements of the staff leasing company.

All applicants are subject to a complete background check, and drug testing.

I hereby acknowledge that I have read the above statements and understand the same.

Application Date

Applicant's Signature