



Angleton Area Emergency Medical Corps Employment/Membership Application

General Instructions to Complete Application

1. Complete this application in its entirety. Type or print in blue or black ink.
2. Sign your name and date on page 4 of this application. Please attach resume & cover letter if you wish.
3. (Preferred) Scan completed application and e-mail to aaemccareer@aaemc.org
4. Or return to us by mail or in person to: 600 E. Orange Street, Angleton TX 77515

Applicant Information

Last Name	First	MI
Street Address		Apartment/Unit #
City	State	Zip
Home Phone	Cell	
Email Address	Date available to start?	
Employment/membership desired: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/>		
Position Applied For		Salary desired?
Will you work overtime If asked? YES <input type="checkbox"/> NO <input type="checkbox"/>		Shift/hours available?
How did you hear about AAEMC?		
If you are under the age of 18, can you provide proof of eligibility to work? YES <input type="checkbox"/> NO <input type="checkbox"/>		
1. Are you available to work a 24 or 48 hour shift?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes to 4 or 5 please explain:
2. Are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. Ever worked for AAEMC before?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
4. Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
5. Have you ever been fired or asked to resign?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

References

Please list three *professional* references

Full name	Relationship
Company	Phone
Address	
Full name	Relationship
Company	Phone
Address	
Full name	Relationship
Company	Phone
Address	

Education			
High School		City located?	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		City located?	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Post-Graduate or Other		City located?	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Employment History			
Company		Phone #	
Address		Supervisor	
Job Title	Starting Salary		Ending Salary
From	To	Reason for leaving	
Responsibilities			
Company		Phone #	
Address		Supervisor	
Job Title	Starting Salary		Ending Salary
From	To	Reason for leaving	
Responsibilities			
Company		Phone #	
Address		Supervisor	
Job Title	Starting Salary		Ending Salary
From	To	Reason for leaving	
Responsibilities			
May we contact your previous employers?		YES <input type="checkbox"/> NO <input type="checkbox"/>	In no, which?
Other names under which your former employers would know you?			
Did you ever serve in the U.S. Armed Forces?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, branch?
Other skills (Office, billing, typing speed, language, etc.)			

Please complete this section if applying for an EMT-B, AEMT or Paramedic Position

PROFESSIONAL TRAINING AND CERTIFICATIONS;

	Name/Type	Location	Certification #	Expires
DSHS EMS License				
CPR				
ACLS				
PALS				
PHTLS				
CCT				
Other:				
Other:				

Length in time of Certification?

	EMT-B	AEMT	Paramedic	CCT Paramedic
Years				

PLEASE READ AND COMPLETE CAREFULLY

1. Do you have a valid driver's license? YES NO

If yes, list the state, number, expiration, and type/endorsement:

2. Have you been cited for any moving violations in the last three years? YES NO

If yes, please list violations:

3. Have you had any accidents in the last three years? YES NO

If yes, were you deemed to be the driver at fault?

4. Has your driver's license ever been suspended, revoked, denied or cancelled? YES NO

Other skills, training, or certifications applicable to the position you are applying?

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

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 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 organization'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 the 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 understand that all applicants are subject to a complete background check and drug testing prior to employment. I also understand that I will be subject to background checks and drug testing randomly throughout my employment.

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

Signature:

Date:

Angleton Area Emergency Medical Corps is an equal opportunity employer that is committed to diversity and inclusion in the workplace. We prohibit discrimination and harassment of any kind based on race, color, sex, religion, sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristic as outlined by federal, state, or local laws.

This policy applies to all employment practices within our organization, including hiring, recruiting, promotion, termination, layoff, recall, leave of absence, compensation, benefits, training, and apprenticeship. Angleton Area Emergency Medical Corps makes hiring decisions based solely on qualifications, merit, and business needs at the time.