

APPLICATION FOR EMPLOYMENT



CONFIDENTIAL

A.R.E.A. Services, Inc. considers applicants for employment without regard to race, color, religion, sex, national origin, age, disability, veterans status, citizenship or any other characteristics protected by law.

A.R.E.A. Services, Inc. is a Drug-Free Workplace

Please print

Date: _____

Personal Information

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Social Security Number _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you at least 18 years of age? Yes No

Position information

Position applying for: _____

How did you hear about this position: _____

Hours requested: Full-time Part-time As needed (PRN)

Do you have relatives of friends working here? Yes No

If yes, please list: _____

Have you ever worked at A.R.E.A. Services, Inc.? Yes No

Is yes, when? _____ Position held: _____

Reason for leaving: _____

Certification Information

Please attach copies

Certification	Certification Number	Expiration Date	Issuing Agency
CPR			
EMT			
EMT-Paramedic			
EVOC			
Haz-Mat (R&I)			
ACLS			
PALS			
BTLS			
Other			

WORK REQUIREMENTS AND GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? g Yes g No

Do you have a valid driver's license? g Yes g No; If yes,
Class: _____ Issued by what state? _____ Number: _____ Exp. Date: _____

List all moving violations (convictions) and accidents in the last five years:

Have you ever been convicted, pled guilty or no contest to a felony or misdemeanor, including DUI/DWI or similar offenses, had any moving violations, or had your license revoked or suspended? g Yes g No; If yes, explain:

Have you ever been excluded or are you currently excluded from participating in any federal health plan program such as Medicare or Medicaid? g Yes g No

List any EMS Professional Affiliations (other than that listed under employment)

Describe any additional qualifications or information, personal or professional, you feel would be beneficial for us to know when considering your application:

EMPLOYMENT HISTORY

List your last three employers or volunteer activities, starting with the most recent

Employer: _____ Telephone: _____
Job Title: _____ Supervisor: _____
Start Date: _____ End Date: _____
Starting Salary: _____ Ending Salary: _____
Job Description: _____

Reason for leaving: _____

Employer: _____ Telephone: _____
Job Title: _____ Supervisor: _____
Start Date: _____ End Date: _____
Starting Salary: _____ Ending Salary: _____
Job Description: _____

Reason for leaving: _____

Employer: _____ Telephone: _____
Job Title: _____ Supervisor: _____
Start Date: _____ End Date: _____
Starting Salary: _____ Ending Salary: _____
Job Description: _____

Reason for leaving: _____

Have you ever been:

Placed on probation or terminated for excessive absenteeism?	g Yes g No
Disciplined or fired for insubordination?	g Yes g No
Disciplined or fired for violation of safety rules?	g Yes g No
Disciplined or fired for assaulting or fighting?	g Yes g No
Disciplined or fired for harrassment?	g Yes g No
Disciplined or fired for patient abuse?	g Yes g No
Disciplined or fired for alcohol or drug abuse at work?	g Yes g No

If you answered yes to any questions, please explain:

MILITARY

Branch of Service _____ Rank _____ Location: _____
Date began: _____ Date Discharged: _____

EDUCATION AND TRAINING

High School: _____
Address: _____
Years completed: _____ Did you graduate? g Yes g No
If not, have you received your GED? g Yes g No

College: _____
Address: _____
Years completed: _____ Did you graduate? g Yes g No
Major: _____ Minor: _____

Other College: _____
Address: _____
Years completed: _____ Did you graduate? g Yes g No
Major: _____ Minor: _____

Other School/Training: _____
Address: _____
Years completed: _____ Did you graduate? g Yes g No
Major: _____ Minor: _____

PERSONAL REFERENCES

List three separate persons, other than relatives, who have knowledge of your work experience and/or education

Name: _____ Relationship: _____
Address: _____
Telephone number: _____ Years known: _____
Occupation: _____

Name: _____ Relationship: _____
Address: _____
Telephone number: _____ Years known: _____
Occupation: _____

Name: _____ Relationship: _____
Address: _____
Telephone number: _____ Years known: _____
Occupation: _____

List two personal references that have known you for at least three years outside of work

Name: _____ Relationship: _____

Address: _____

Telephone number: _____ Years known: _____

Occupation: _____

Name: _____ Relationship: _____

Address: _____

Telephone number: _____ Years known: _____

Occupation: _____

A.R.E.A. Services, Inc.

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct. 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 mean that a job opening exists and does not obligate the company in any way. Applications will remain active for six months, after which time re-applications is necessary. If hired, employment will be "at will" and either I or the employer may terminate employment without prior notice. This application is not an agreement of 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 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 testing or examination as may be required by the company as a condition of employment and I hereby give my consent to release of all information which the company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to any alcohol or drug screen test at any time will result in immediate discharge from this company.

I hereby authorize the company to investigate my employment history with former employers and to make any further investigation necessary in connection with my application for employment, including criminal history check, driving history, child abuse clearance check, credit history and any other such inquiries. I waive all rights to see or reveal the information 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 determined that I was so excluded, my employment with the company may be terminated.

Applicant Signature

Date

Printed name

Applicant's Name (please print): _____

I have applied for a job with A.R.E.A. Services, Inc. as part of the application process. I understand that A.R.E.A. Services, Inc. will conduct a background and reference check which will include a review of public records, my criminal history and inquiries of my former employers and organizations of which I am a member and the references which I have provided regarding my qualifications for employment. If I am applying for a position involving the organizations finance, billing or other related activities that I also expressly agree to permit a check of my credit history.

I hereby authorize A.R.E.A. Services, Inc. to conduct a background and reference check as part of my application process. Further, on behalf of myself and my heirs, assignees, and personal representatives, I hereby release and forever discharge A.R.E.A. Services, Inc., its employees, agents and contractors from any and all causes of action, liability, claim, loss, costs or expenses and promise not to sue any such claims against any such person or organization, arising directly or indirectly from or attributed in any legal way to this back ground check. I also hereby release and forever discharge individual, agencies or organizations providing any information about me to A.R.E.A. Services, Inc. from any and all causes of action, liability, claim, loss, cost or expense whatsoever related to the furnishings of such information

Applicant's Signature

Date

FOR OFFICE USE ONLY

Date Received: _____ Received by: _____

Via: walk-in U.S. Postal Service Other

Interview Date: _____

Start Date: _____

Comments

A.R.E.A. Services, Inc.