



TIDEWATER MEDICAL TRANSPORT, INC.

757.399.0999 Office 757.399.1999 Fax

Website www.tmtambulance.com

Employment Application

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO If Yes, when? _____

Have you ever been convicted of a misdemeanor? YES NO If Yes, when? _____

Please explain _____

Do you have a valid Drivers License? YES NO If Yes, How many points do you have currently? _____

Have you ever been convicted of reckless driving or driver under the influence of alcohol or drugs? YES NO

CERTIFICATIONS

Please provide a copy of each certification listed

| EMS LEVEL OF CERTIFICATION: | STATE | DATE ISSUED | DATE EXPIRES |
|-----------------------------|-------|-------------|--------------|
| | | | |

| AHA CPR CERTIFICATION: | INSTRUCTOR NAME | DATE EXPIRES |
|------------------------|-----------------|--------------|
| | | |

| EVOC | STATE | DATE ISSUED | RENEWAL REQ'D 5 YRS |
|------|-------|-------------|---------------------|
| | | | |

| ACLS | DATE EXPIRES | PALS | DATE EXPIRES |
|------|--------------|------|--------------|
| | | | |

EDUCATION

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____
High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

WORK HISTORY

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

REFERENCES

Please list three professional references not related to you.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I, _____ hereby certify that the information I provided, to the best of my knowledge in this document are true. If an offer of employment is extended to me I understand that: any information found to be false, or if background investigation identifies any serious criminal offenses or major motor-vehicle infractions, resulting in criminal convictions, may be cause for my dismissal or denial of future employment with Tidewater Medical Transport, Inc. I hereby authorize, Tidewater Medical Transport, Inc. to investigate any information I provided in this document including, but not limited to: a National Criminal Background Check, Sex-Offender Registry, Motor-Vehicle Report (MVR), & a ten-panel Drug Screening. Furthermore, I understand that if I am hired, my employment with Tidewater Medical Transport, Inc. is at-will and both employee/employer have the right to terminate employment, for any reason, without any prior notice and is not prohibited under State, Local, or Federal Laws.

Please sign and print your full name and today's date below.

Signature: _____ Date: _____

Print Name: _____

**For Human Resource/Admin of Tidewater Medical Transport, INC.*

Date Application Received: _____

Interview Date: _____

Drug-Test Form Given to Potential Hire: _____

Fingerprint Card: _____