



5484 Ohio Route 49 South, Greenville, Ohio 45331  
 Administration: 937-548-2800 – Fax: 937-459-5272

## EMPLOYMENT APPLICATION

*Spirit Medical Transport, L.L.C. is an equal opportunity employer. Qualified applicants are considered for all positions without regard to race, color, religion, national origin, age marital or veteran status or disability. \*\*All prospective employees are required to submit to and pass a pre-employment drug screening and a local background check prior to any employment.\*\**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of position you are applying for: \_\_\_\_\_

Are you seeking full-time or part-time employment? \_\_\_\_\_

Have you ever applied with us before? If so, when? \_\_\_\_\_

When would be available to start? \_\_\_\_\_ Pay Desired: \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
                     Last                      First                      Middle

Address: \_\_\_\_\_  
                     Street                      Apt.#                      City                      State                      Zip

Phone Number: \_\_\_\_\_  
                                     Home                      Cellular                      Other (Specify)

Professional References	Telephone	Years Acquainted	Association

Can you with or without reasonable accommodation perform all of the duties of the position for which you are applying?

Are you employed currently? \_\_\_\_\_ If yes, may we contact your current employer? \_\_\_\_\_

Military Service Status: \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_

Education	Name of School and Location	Subjects Studied	Years Completed	Degree / Diploma



5484 Ohio Route 49 South, Greenville, Ohio 45331  
 Administration: 937-548-2800 – Fax: 937-459-5272

*Spirit Medical Transport, L.L.C. is an equal opportunity employer. Qualified applicants are considered for all positions without regard to race, color, religion, national origin, age marital or veteran status or disability.*

Special Training or Qualifications:

Subjects of Special Interest:

**EMS APPLICANTS ONLY** Years experience in EMS \_\_\_\_\_

Certification Level	Certification Number	Expiration	State / National	Certified Since

Certified in: ACLS- Yes of No PALS- Yes or No BTLS- Yes or No Other: \_\_\_\_\_

Instructor Certifications:

\_\_\_\_\_

Status of your Continuing Education:

\_\_\_\_\_

If you are currently in training, list the level you are training for and the date you expect to become certified:

\_\_\_\_\_

Do you have plans to go on to a higher level of training?

\_\_\_\_\_

Driver's License \_\_\_\_\_  
State Number Endorsements Expiration

Driving Record (Give dates and descriptions of any accidents or citations within the last 5 years)

\_\_\_\_\_

\_\_\_\_\_

Are you at least 21 years of age with a clean driving record? \_\_\_\_\_



5484 Ohio Route 49 South, Greenville, Ohio 45331  
 Administration: 937-548-2800 – Fax: 937-459-5272

*Spirit Medical Transport, L.L.C. is an equal opportunity employer. Qualified applicants are considered for all positions without regard to race, color, religion, national origin, age marital or veteran status or disability.*

Employment History- List your last five employers starting with the most recent. Include any fire department, emergency squad or private ambulance experience.

Dates	Name & Address	Position	Salary	Reason for Leaving

Any other information about you that you believe we should be aware of:

In case of an emergency notify: \_\_\_\_\_

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be grounds for canceling any further consideration of this application and, if found after being hired, grounds for immediate termination of employment.

I authorize investigation of all statements contained herein. I expressly authorize, without reservation, the employer, its representatives or designees to contact and obtain information from all references, previous employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I release all parties from any and all liability for any damage that may result from furnishing information to Spirit Medical Transport, L.L.C.

I understand and agree that, if hired, my employment with Spirit Medical Transport, L.L.C. is known as an "at will" relationship. Simply stated, that means that we are working together for the mutual benefit and either you or Spirit Medical Transport, L.L.C. may discontinue the employment relationship at any time, with or without cause or advance notice. Only the owners of the company has the authority to enter into an agreement with you for employment for a specific period of time, or to make any agreement that changes our "at will" relationship, and any such agreement must be in writing and signed by both you and the owners.

I also understand that if I am hired, I will be required to show proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I understand that this application is only current for a period of one year. After one year, if I wish to pursue employment with Spirit Medical Transport, L.L.C. I will need to reapply and fill out a new application.

I also understand that, if I am provided with training and I do not complete one year of employment, a service charge of \$250.00 for pre-employment processing will be deducted from my final paycheck.

I understand that I must submit to and pass a pre-employment drug screening and background check prior to any employment. I further understand that the company has a policy that permits random drug screening of its employees and in the event a future drug screening is not passed my employment will be terminated.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Date Application Filed \_\_\_\_\_

Date Interviewed \_\_\_\_\_ By \_\_\_\_\_

Job Description Reviewed and copy given to applicant by \_\_\_\_\_ Date \_\_\_\_\_