



## EMT Scholarship Program

### Description:

The Spirit Medical Transport, LLC, EMT Scholarship Program will begin September 18<sup>th</sup> – October 27<sup>th</sup>, Monday thru Friday, 9am-4pm. This 6-week program will provide the proper training and certification to become a National, Ohio, and Indiana Registered EMT. In addition to the education and training, this opportunity will also provide students with a daily subsidy of \$72, paid weekly (\$360). Our goal is to provide students with a unique opportunity to advance their careers into the EMS field, while also encouraging a full time focus specifically on their education, in exchange for a short term commitment to Spirit Medical Transport, LLC.

### Scholarship Information:

- This is a one-time only scholarship per person.
- Class will take place in the classroom at Spirit Medical Transport, LLC, in Greenville, Ohio. We will provide reasonable accommodations for those in need of transportation assistance.
- *Must complete & submit the EMT Scholarship Packet by 5pm on August 25<sup>th</sup>, 2017 to be considered.* (There are only 15 spots available, so you are encouraged not to delay in submitting your application.)
- Applicant must attend & pass the accredited six-week EMT class as outlined above. If class is dropped/failed reimbursement will be made to Spirit Medical Transport, LLC, for the full amount within 30 days.
- Applicant must fulfill all qualifications, prerequisites, and employee responsibilities.
- Applicant must sign an Employment Commitment Agreement to Spirit Medical Transport, LLC.
- Spirit Medical Transport, LLC reserves the right to deny acceptance into the program based upon the findings of a BCI & FBI background check, drug & alcohol screening, test scores, attendance, reference checks, driving record, class size, web checks, immunization records, and/or falsification of any documentation.

### Qualifications:

- Must be committed to becoming a full-time EMT at Spirit Medical Transport, LLC.
- Must complete the EMT Scholarship Packet, as well as all qualifications and prerequisites.

- Employee must sign an Employment Commitment Agreement to Spirit Medical Transport, LLC.
  - a) A minimum two (2) years of full time employment at Spirit Medical Transport, LLC, to include a six-month probationary period. Two (2) year period begins after receiving Ohio EMT certification.
  - b) If the two (2) year Employment Commitment Agreement is violated, then reimbursement will be made to Spirit Medical Transport, LLC, for the full cost of the loan within 30 days.
- A personal ‘Letter of Interest’, stating (in 500 words or less) why you inspire to become part of the Emergency Medical Services field and what your plans are following graduation.
- One Letter of Recommendation from a professional contact. (i.e. supervisor, co-worker, customer)
- One Letter of Recommendation from a personal contact. (i.e. family member, friend)
- One Letter of Recommendation from an educational contact. (i.e. previous teacher, mentor, trainer)
- Recipients must be willing to provide follow-up photo requests by Spirit Medical Transport, LLC.

### Requirements:

- Must provide Spirit Medical Transport, LLC, summary sheets and test scores after having completed WorkKeys testing with a score of 4 or above in Math, Reading, and Locating Information (**DUE no later than September 11<sup>th</sup>**). Free site locations are available to you. Contact Sally Wilson at: [swilson@spiritmedicaltransport.com](mailto:swilson@spiritmedicaltransport.com) for a list of locations. This is something you can start right away.
- Must be able to provide proof of GED/Diploma or Equivalent. (**due no later than September 18<sup>th</sup>**)
- Must be able to successfully complete a BCI & FBI Background Check. (**due no later than September 18<sup>th</sup>**)
- Must be able to successfully complete a drug and alcohol screening. (**due no later than September 18<sup>th</sup>**)
- Must be able successfully complete a pre-employment Physical. (**due no later than September 18<sup>th</sup>**)
- Must be able to provide Spirit Medical Transport, LLC, with an up-to-date immunization record to include; Hepatitis B, Mumps, Rubella, Ruboela, Varicella, tetanus (10 years), TB (1 year), Flu Shot (Oct. 1<sup>st</sup> to April 1<sup>st</sup>). Immunization forms must have dates of immunizations or/ Antibody Titer Test with Physician’s Signature. (**due no later than September 18<sup>th</sup>**)
- Must provide two forms of identification to include a valid driver’s license and social security card or birth certificate. (**due no later than September 18<sup>th</sup>**)
- Ensure all steps are completed through Human Resources as written above.
- Must successfully complete the interview process. Initial interview will be conducted one on one with HR as schedule permits, the second interview will include a brief panel interview on August 29<sup>th</sup> or August 30<sup>th</sup> as scheduled. That evening the applicants with the highest-ranking scores overall will be contacted and invited to attend the Scholarship Orientation Night on August 31<sup>st</sup>, at 6pm.
- Qualifying applicants must be able to attend the Scholarship Orientation Night on August 31<sup>st</sup> at 6pm, also at Spirit in Greenville, OH. This will allow students to meet teachers, students, and staff, as well as ask questions before finally committing to the scholarship program.



**Spirit Medical Transport, LLC**  
**Basic EMT Class**  
**Greenville, Ohio**



<b>Week 1:</b>		
Monday	Orientation Chapters 1, 2, & 3 <b>Workbooks to be completed throughout classes</b>	
Tuesday	Chapters 4, 5, & 6 <b>Quiz over 1, 2, &amp; 3</b>	
Wednesday	Spirit Medical Transport, LLC Orientation Week 1	
Thursday	Chapters 7 & 8 Review for Section 1 Test	
Friday	<b>Section 1 Test with review</b> Chapter 9	Introduction to Patient Assessment Skills
<b>Week 2:</b>		
Monday	<b>Section 2 Test with Review</b> Chapters 10 & 15	Introduction to Airway Skills
Tuesday	Finish Chapters 10 & 15	
Wednesday	Spirit Medical Transport, LLC Orientation Week 2	
Thursday	<b>Section 3 Test with Review</b>	Airway Skills
Friday	Finish Chapters 11, 12, 13, & 14 Review for Section 4 Test	Skills
<b>Week 3:</b>		
Monday	<b>Section 4 Test with review</b> Chapters 16 & 17	Cardiac Patient Assessment Skill on Patient Assessment
Tuesday	Chapters 18 & 19	Skills on Patient Assessment Cardiac and Airway
Wednesday	Spirit Medical Transport, LLC Orientation Week 3	
Thursday	<b>Section 5 Test with review</b> Chapters 20, 21, 22, & 23	Skills
Friday	<b>Section 6 Test with review</b>	Medical Patient Assessment Skills

<b>Week 4:</b>		
Monday	***** MIDTERM ***** With Review	Skills
Tuesday	Chapters 24, 25, 26, & 27 Trauma Skills	Skills
Wednesday	Spirit Medical Transport, LLC Orientation Week 4	
Thursday	Section 7 test with review Chapters 28, 29, 30, 31, & 32	
Friday	Finish up trauma Chapters Review for Section 8 Test	Skills
<b>Week 5:</b>		
Monday	Section 8 Test with review Trauma Skills	Skills
Tuesday	Chapters 33 & 34 Quiz	Skills
Wednesday	Spirit Medical Transport, LLC Orientation Week 5	
Thursday	Chapters 35 & 36 Review for Section 9 Test	Skills
Friday	Section 9 Test with review Chapters 37, 38, 39, 40, & 41	Skills
<b>Week 6:</b>		
Monday	Complete Chapters 37, 38, 39, 40, & 41 Review for Section 10 Test	Skills
Tuesday	Section 10 Test with Review Review for Final and National Registry Skills Check Offs	
Wednesday	Spirit Medical Transport, LLC Orientation Week 6	
Thursday	National Registry Skills Check Offs Review for Final	
Friday	***** FINAL *****	

\*Dates of class and content are subject to change without notice.

Completion of 8 Hours of Hospital Clinical Time

Completion of 8 Hours of Squad Ride Time

**All Clinicals and Ride time must be completed before you obtain your Final!**



## Scholarship Application Packet

Applicant Information	
Name:	Date:
Address:	Home Phone Number:
City, State Zip Code:	Cell Phone Number:
Email Address:	

How did you hear about the Spirit Medical Transport, LLC scholarship program? \_\_\_\_\_

Who do you know that works here? \_\_\_\_\_

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

Have you ever worked for Spirit Medical Transport? If so, when? \_\_\_\_\_

WORK HISTORY			
From:	To:	Position:	Supervisor:
Business Name:		May we contact? Yes    No	Phone Number:
Address:		Salary:	Reason for leaving:
From:	To:	Position:	Supervisor:
Business Name:		May we contact? Yes    No	Phone Number:
Address:		Salary:	Reason for leaving:
From:	To:	Position:	Supervisor:
Business Name:		May we contact? Yes    No	Phone Number:
Address:		Salary:	Reason for leaving:
From:	To:	Position:	Supervisor:
Business Name:		May we contact? Yes    No	Phone Number:
Address:		Salary:	Reason for leaving:



**Please read carefully before signing**

Spirit Medical Transport, LLC, is an equal opportunity employer. Spirit Medical Transport, LLC, does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, or military status.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Spirit Medical Transport, LLC, to hire me. If I am hired, I understand that either Spirit Medical Transport, LLC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Spirit Medical Transport, LLC, has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Spirit Medical Transport, LLC, true and complete information on this application. No requested information has been concealed. I authorize Spirit Medical Transport, LLC, to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Before submitting your application please use the following check list to make sure you have all required documents;

- Scholarship Application
- Personal Letter of Interest
- Letter of Recommendation - Professional Contact
- Letter of Recommendation - Personal Contact
- Letter of Recommendation - Educational Contact
- Background Check Authorization/Waiver of Privacy
- Commitment Agreement

**AUTHORIZATION TO DO BACKGROUND CHECK FOR RELEASE OF CONFIDENTIAL INFORMATION AND WAIVER OF PRIVACY RIGHTS**

Please read the following before signing:

I, \_\_\_\_\_, hereby authorize **Spirit Medical Transport, LLC**  
(Name of employee or prospective employee)

and its agents or employees to conduct a background check on me and authorize the release of pertinent information concerning me from any source, including, but not limited to, past employers.

The undersigned applicant, in granting this application, hereby specifically WAIVES any right to PERSONAL PRIVACY he or she might have in the above information and RELEASES **Spirit Medical Transport, LLC** and any person or agency from ANY LIABILITY WHATSOEVER resulting from the release of such information.

NOTE: Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, and personal characteristics. ROUTINE INQUIRIES MAY INCLUDE PERSONAL INTERVIEWS WITH FRIENDS, REFERENCES AND PAST EMPLOYERS. Upon written request, additional information as to the nature and scope of a resulting report, if one is made, will be provided.

My signature below certifies that my responses on the Application for Employment are true and complete to the best of my knowledge. I understand that employment is based on completion of all pre-employment requirements and procedures which may include:

1. Interviews
2. Pre-employment physical, including drug & alcohol testing
3. Proof of identity and employment eligibility for work in the U.S.
4. Education and reference checking
5. Testing (if applicable to the position for which you are applying)
6. Criminal and motor vehicle record check
7. Investigative consumer report
8. Health Care/Patient Care reporting, including but not limited to the Ohio Dept. of Health and the Ohio Dept. of Developmental Disabilities Online Abuser Registry.

**In addition, I understand that any offer of employment will be contingent upon the results of a physical examination by authorized medical personnel of or for Spirit Medical Transport, LLC.**

**Compliance with Spirit Medical Transport, LLC's Drug Testing Policy is a condition of employment. Therefore, all job offers are made with the understanding that prospective employees must pass a drug screening test prior to being hired, and may be required to submit to future testing.**

I understand and agree that any falsification or omission, either on this form or in response to questions asked during my interview or examination process or on employment forms I subsequently complete, including I-9 forms, shall be grounds for immediate termination, no matter when the falsification or omission is discovered.

Print Full Name:	Social Security Number:
Signature:	Date:





## Employment Commitment Agreement

I, \_\_\_\_\_ request Spirit Medical Transport, LLC. to pay the cost of my EMT Training as part of the Spirit Medical Transport, LLC, Scholarship Program.

I understand that this agreement must be signed by August 31<sup>st</sup>, 2017, to be valid.

I agree, if granted the EMT Scholarship, to complete my training, to include required clinical hours, final exam, National Registry test, and to be willing to fulfill the EMT role or higher on a full-time basis with Spirit Medical Transport, LLC, for a period of two (2) years. The two-year service requirement will commence on the date of the issuance of my Ohio Certification Card.

If, for any reason, I fail to complete the training, clinical hours, exam, National Registry, or my two (2) years of service, I agree to repay Spirit Medical Transport, LLC, for the *ENTIRE COST* of the loan. I also understand that I must make every attempt to pass the class, including taking the National Registry up to three times at my own cost, or I will repay Spirit Medical Transport, LLC, for the *ENTIRE COST* of the loan. I understand that I must have my National Registry testing completed within six (6) months of end of the class. My personal expenses, such as mileage, meals, and test fees will not be reimbursed.

Repayment will occur within 30 days of Spirit Medical Transport, LLC, notifying me of my failure to fulfill my obligations as set forth herein. Such notification shall be sent to my home address. I hereby agree to keep Spirit Medical Transport, LLC, informed of my current address for the duration of the training and the two years following the ending of my training required to complete this agreement.

This agreement embodies the entire agreement and understanding between the parties, and there are no other agreements and understanding, oral or written, with reference to the subject matter hereof that are not merged herein and superseded hereby.

Any provision or part of the Agreement held to be void or unenforceable under any Laws or Regulations shall be deemed stricken, and all remaining provisions shall continue to be valid and binding upon the parties, who agree that the Agreement shall be reformed to replace such stricken provision or part thereof with a valid and enforceable provision that comes as close as possible to expressing the intention of the stricken provision.

\_\_\_\_\_  
Employee/Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative/Title

\_\_\_\_\_  
Date