

# North Star Medical Transport Employment Application

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Last) (Middle Initial)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you at least 18 years of age? Yes No Date Available to Start: \_\_\_\_\_

Are you willing to take an alcohol and drug screen? Yes No

Hours Requested: Full Time Part Time

DOB: \_\_\_\_\_

How did you find out about this position?

## PAST EMPLOYMENT

Have you ever been:

Disciplined or terminated for reckless driving? Yes No

Placed on probation or terminated for excessive absenteeism? Yes No

Disciplined or fired for insubordination? Yes No

Disciplined or fired for violation of safety rules? Yes No

Disciplined or fired for assault or fighting? Yes No

Disciplined or fired for harassment? Yes No

Please include copies of the following documents to be presented with your completed application.

~ State issued Driver's License

~ CPR Certification

~ PALS Certification (if applicable)

~ ACLS Certification (if applicable)

~ State EMS License

~ National Registry License (if applicable)

## WORK REQUIREMENTS AND GENERAL INFORMATION

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

Do you have a valid Driver's License?    Yes    No    Class:\_\_\_\_\_

Issued by what State?\_\_\_\_\_    Driver's License #:\_\_\_\_\_

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including but not limited to DUI / DWI or similar offense, had any moving violations, or had your license revoked or suspended?    Yes    No

If yes, explain:

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A conviction will not necessarily disqualify you from employment.

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

If yes, explain:

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Have you ever filed a workman's compensation claim?    Yes    No

If yes, what was the injury and is the workman's compensation claim open or closed at this time:

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Are you currently in school or planning to start school?    Yes    No

Are there any days that you need off in the next 90 days?    Yes    No

## ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate North Star Medical Transport in any way. If hired, employment will be "at will" and either myself or North Star Medical Transport is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or 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 so 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 test or examination as may be required by North Star Medical Transport as a condition of my employment, and I hereby give my consent to the release of all information which North Star Medical Transport deems necessary to determine my ability to perform job duties now or in the future.

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

I hereby authorize the North Star Medical Transport to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment including a criminal history / background check, driving history check, child abuse clearance check, and other such inquiries. I release North Star Medical Transport and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so 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 is determined that I was so excluded, my employment with the North Star Medical Transport may be terminated.

Applicant's Signature: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_