



Date: ___/___/___		Time: ___:___		Interviewing Supervisor: _____	
Personal Information					
Last Name:		First Name:		Middle Initial:	
Home Address:					
City:		State:		Zip Code:	
TDL # :		Exp. Date :		SSN :	
Position applied for :		Date you can start: / /		D.O.B :	
Type of Employment :		Full time: () Part Time: ()		Currently employed: Yes () No ()	
How many years of experience do you for the position you are applying for?				Email:	
Emergency Contact Information					
Name of nearest relative and relationship to applicant:					
Phone Number:			Address:		
City:		State:		Zip Code:	
Education					
High School Name and address:					
Did you graduate: Yes () No ()		GED: Yes () No ()		Certifications: <input type="checkbox"/> EMT-B <input type="checkbox"/> Instructor <input type="checkbox"/> EMT-I <input type="checkbox"/> Bilingual <input type="checkbox"/> EMT-P <input type="checkbox"/> Dispatcher <input type="checkbox"/> Lic. Paramedic <input type="checkbox"/> ATIS Driver	
College name and address:					
Course of Study:		Years attended:			
Did you graduate: Yes () No ()		GPA: Yes () No ()			
Trade or Vocation school Name and address:				TDH Personal ID#	
Course of Study:		Did You Graduate: Yes () No ()		Currently on Probation? Yes () No ()	
Employment History					
Employer Name:		Address:		City: State:	
Job Description:		Tel:() -		Still Employed? Yes () No ()	
Dates of employment: / / to / /		Reason for separation:			
Employer Name:		Address:		City: State:	
Job Description:		Tel:() -		Still Employed? Yes () No ()	
Dates of employment: / / to / /		Reason for separation:			
Employer Name:		Address:		City: State:	
Job Description:		Tel:() -		Still Employed? Yes () No ()	
Dates of employment: / / to / /		Reason for separation:			
<p>* The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, age, disability and/or creed. This section is to be filled out by all potential employees and will be used for a legally permissible reason for occupational qualifications. * I Authorize Best Care EMS to check on any of my references with my previous employers, including but not limited to; Date, reason for separation, and work performance. Initials: _____</p>					
Have you ever been convicted of a DUI, Careless, Reckless Driving, or an Alcohol/Drug Offense?				Yes () NO ()	
If yes, explain in detail:					
Have you ever been involved in any type of misdemeanor or felony court action?				Yes () NO ()	
If yes, explain in detail:					
Have you been involved in any automobile or truck accident in the last 5 years?				Yes () NO ()	
If yes, explain in detail:					
Have you ever had your Texas driver's license revoked and/or suspended?				Yes () NO ()	
If yes, explain in detail:					
Are you taking any type of drugs or medications on a regular basis?				Yes () NO ()	
If yes, explain in detail which ones:					
Is there anything you are taking that may affect your alertness, normal work, driving or patient care?				Yes () NO ()	
If yes, explain in detail:					
I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.					
I understand that false, incomplete, or misleading information in my application or interview may result in my termination.					
Signature:				Date: / /	



General Information

Candidate: _____ Date: ____/____/____

Position Applied for: _____ FT PT

Available to start on: _____

Questionnaire

1. How did you hear about Best Care EMS, Ltd.?

2. How far do you live from our office?

3. What is your availability, are you available 24/7? **Sun Mon Tue Wed Thr Fri Sat**
 Yes No
 If no, please specify exactly what days/hrs you are available:

4. Do you have any commitments that you have to attend on any certain day such as school, work, family obligations, etc.?

5. How long have you been an EMT (B,I,P)?

6. How dependable & punctual you rate yourself on a scale from 1 to 10? (1 being the worst & 10 the best);

7. Is there any reason that you could not adequately perform the essential duties of the job for which you are applying?

8. Do you have any restrictions or inconvenience lifting up to 125 Lbs.?

9. Why and in what terms did you leave your 3 previous employments?

10. Do you have or plan to have any ownership, partnership or affiliation with another private EMS service In Houston?
 Yes No
 If yes, please explain;

11. Do you have any close relative or close friend in a management, dispatch or Marketing position working in another private EMS in Houston?
 Yes No
 If yes, please explain who, where and how close that person is for you;

11. Would you be willing to take a pre-employment drug test?
 Yes No If Not, please explain why:

Applicant's Signature

For Office Use Only

Interviewer's Name: _____ Hire Not Hire FT PT

Notes:

 Manager/Supervisor Signature

____/____/____
 Date



Release Authorization & Fair Credit Reporting Act Disclosure

FOR EMPLOYMENT PURPOSES ONLY

In connection with my application for employment or promotion, I acknowledge that BEST CARE EMS, LTD. may now, or at any time while I am employed by BEST CARE EMS, LTD., verify information within my employment application, resume or contract for employment. In the event that information from a report subject to the Fair Credit Reporting Act is utilized in whole or in part in making an adverse decision, I understand that before making the adverse decision, BEST CARE EMS, LTD. will provide to me a copy of the consumer report and a description in writing of my rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

I also understand and acknowledge that BEST CARE EMS, LTD. may also obtain an investigative consumer report including information as to my character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting my present and previous employers or references supplied by me, and various federal, state and other agencies, including public and private sources which maintain records concerning past activities, including, but not limited to, driving records, criminal records, civil actions, previous employment, educational background, and professional licensing. I understand and acknowledge that I have the right to request, in writing, within a reasonable time, that BEST CARE EMS, LTD. make a complete and accurate disclosure of the nature and scope of the information requested. I acknowledge and agree that a telephonic facsimile or copy of this release shall be as valid as the original.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to t BEST CARE EMS, LTD. or any of its affiliates or carriers, or BEST CARE EMS, LTD.'s designated agent for making such inquiries. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my employment.

Date: ___/___/___ Applicant's Signature: _____

Date of Birth: ___/___/___

High School and Dates Attended: _____

College and Dates Attended: _____

Graduate School and Dates Attended: _____

Not including current address, list previous addresses for past seven (7) years:

Street City State Zip Country

Street City State Zip Country

Street City State Zip Country

People Helping People