



Abbott Ambulance, Inc. is an equal opportunity employer and selects the best individual for the job based upon job related qualifications, regardless of race, color, religion, sexual orientation, national origin, gender, age, veteran status, ancestry, marital status or disability. Abbott will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability, unless the accommodation will impose an undue hardship on the operation of our business.

EMPLOYMENT APPLICATION

Please print in ink

Date of application: _____

| | | | |
|---------------|------------------------|-------|-----|
| Last Name | First Name | MI | |
| Address | City | State | Zip |
| Phone Number | Social Security Number | | |
| Email Address | | | |

EMPLOYMENT DESIRED

| | | | |
|--|---------------------|------------------------------------|------------------------------------|
| Position Title | When can you start? | Full-Time <input type="checkbox"/> | Part-Time <input type="checkbox"/> |
| Have you ever worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? | | | |
| Have you ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? | | | |

EDUCATION

| School | Name and Location | Years Completed | Course/Major Subjects | Degree/Diploma |
|----------------------------------|-------------------|-----------------|-----------------------|----------------|
| High School | | | | |
| College | | | | |
| Professional or Graduate studies | | | | |

LICENSING (ALL LICENSING IS SUBJECT TO VERIFICATION)

If applying for an EMT or Paramedic position, please complete the following:

Emergency Medical Technician Paramedic Desired Operation: St. Louis, MO or Belleville, IL

License number _____ Expiration date _____

Number of years licensed as an EMT or Paramedic: _____

EMT/PARAMEDIC EDUCATION

1. Name of school: _____ Date of graduation: _____
 City: _____ State: _____ Type: EMT Paramedic
 Instructor's name: _____ Telephone: _____

2. Name of school: _____ Date of graduation: _____
 City: _____ State: _____ Type: EMT Paramedic
 Instructor's name: _____ Telephone: _____

3. Other certifications (e.g., ACLS, BTLIS, CPR, etc. Please include dates): _____

4. Other professional notations (Please include dates): _____

IF THE POSITION REQUIRES DRIVING, PLEASE COMPLETE THE FOLLOWING QUESTIONS:

Drivers License Number: _____ Class: _____

State: _____ Expiration Date: _____

- 1. Have you been convicted, pled guilty to, or had your license suspended/revoked for any traffic violations** within the last three years? Yes No
- 2. Have you been convicted of, or pled guilty to, any moving violations** in the last three years? Yes No
- 3. Have you been in any traffic accidents while driving in the last three years? Yes No
- 4. Has your driver's license ever been suspended, revoked, denied or canceled? Yes No

For any of the prior questions is "yes," please explain fully below, listing all such convictions, moving violations, suspensions, revocations, accidents, fatalities, or injuries, and referencing the question number. If you need more space, attach a separate sheet of paper.

** *A conviction will not necessarily be a bar to employment; factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.*

MILITARY SERVICE

Have you ever served in the U.S. Military? Yes No

If yes, please complete the following information:

U.S. Military service branch: _____ Rank: _____ Date of discharge: _____

GENERAL

- 1. Have you ever been excluded or debarred from practicing within a federal healthcare program? If yes, list term and reason for exclusion below. Yes No
- 2. Have you plead guilty to, or been convicted** of a felony or misdemeanor or offense in any state? (Please note that SIS, probation, guilty plea, nolo contendere, etc. are all convictions.) Yes No
- 3. Are you legally eligible for employment in the United States? Yes No
- 4. Is there any reason that you could not adequately perform the essential duties of the job for which you have applied? Yes No

Explain all "yes" answers in detail below (Other than number 3).

** *A conviction will not necessarily be a bar to employment; factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.*

May we contact the employers listed on page 3? Yes No If no, indicate which: _____

Other names under which your former employers or educational institution would know you: _____

SEPARATION FROM FORMER EMPLOYERS

| | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever been disciplined or discharged from employment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you ever been asked to resign from employment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the answer to either of the prior questions is "yes," please explain fully below, referencing the question number. If you need more space, attach and sign a separate sheet of paper.

How did you hear about the position for which you are applying?

| | | | | |
|---------------------------------------|--|---|----------------------------------|--------------------------------|
| Newspaper ad <input type="checkbox"/> | Abbott employee <input type="checkbox"/> | Abbott Website <input type="checkbox"/> | Walk-in <input type="checkbox"/> | Other <input type="checkbox"/> |
| Name: _____ | | _____ | | |

AUTHORIZATION : PLEASE READ CAREFULLY

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.

I UNDERSTAND that the employer may request an investigative consumer report agency, as well as a check of my criminal record. I understand that should this application or a criminal record check reveal a conviction of a crime, further processing of this application or my employment, if hired, may be terminated.

If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.

I UNDERSTAND that I will be required to possess a current and valid driver's license if my job requires me to drive in the course of my work.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements. I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against Abbott and any outside agency utilized by Abbott as a result of any information that is obtained in this investigation.

This application is submitted with the understanding that upon acceptance of a formal employment offer, I will be required to successfully pass Abbott's pre-placement testing, which will include a drug and alcohol screen. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF THE COMPANY OR MYSELF.

Signature _____ Date _____



Equal Employment Opportunity/Affirmative Action Information

Abbott Ambulance Inc. requests your voluntary cooperation in the completion of this form for Equal Employment Opportunity and Affirmative Action Information. All information is confidential and will not be placed with your application for employment.

Print Name: _____

Social Security Number: _____

Gender: Male Female

How were you referred to Abbott Ambulance?

- General Knowledge Internet (list website) _____
 Newspaper Job Fair Staffing Agency
 Employee referral (name of referral) _____
 Other _____

Ethnic Origin: (please check one)

- White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black: A person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino (all races): A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin regardless of race.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native: A person having origins of North, Central and South America, and who maintains tribal affiliation or community attachment.
- Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.



INVITATION TO SELF-IDENTIFY

Abbott EMS is a Government contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which require Government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities, disabled veterans and veterans of the Vietnam era covered by the Act. If you have a disability, or are a disabled veteran of the Vietnam era covered by the Act, and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. This information will assist us in placing you in an appropriate position and in making accommodations if you have a disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities or disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act, may be informed. The information provided would be used only in ways that are not inconsistent with Section 503 of the Rehabilitation Act, as amended, or with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

If you are an individual with a disability, a disabled veteran or a veteran of the Vietnam era covered by the Act, we would like to include you under the affirmative action program. If you have a disability, it would assist us if you tell us about (i) any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations.

I identify myself as a(n):

SPECIAL DISABLED VETERAN

(1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability: (a) rate at 30% or more, or (b) rate at 10 or 20% in the case of a veteran who has been determined under Section 1506 of Title 38 USC to have a serious employment handicap; (2) A person who was discharged or released from active duty because of a service-connected disability.

Yes No

VETERAN OF THE VIETNAM ERA

A veteran, any part of whose active military, Naval or air service was during the period of August 5, 1964 through May 7, 1975, who (1) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge or (2) was discharged or released from active duty because of a service-connected disability.

Yes No

INDIVIDUAL WITH A DISABILITY

Any person from (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such an impairment or (3) is regarded as having such an impairment.

Yes No

OTHER ELIGIBLE VETERANS

Any person who has served on active duty during a war or in campaign or expedition for which a campaign badge has been authorized.

Yes No

Print Name _____

Signature _____

Date _____

Please Return to Human Resources