



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

If the answer to 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 and sign 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 contender, etc. are all convictions.) Yes No
- 3. Are you legally eligible for employment tin 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 _____