



Paratech Ambulance Service, Inc.
 PO Box 240076 | Milwaukee, WI 53224
 Ph: 414.365.8900 | HR Fax: 414.312.6435

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

Paratech Ambulance Service, Inc. is an equal opportunity employer. Applicants that require accommodation to complete the application, testing, or interviewing process should contact our Human Resources Department.

Position Applying for _____ Today's Date _____

Name _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone No. _____ Other Phone No. _____

E-mail Address _____ Date Available for Employment _____

Driver's License No. _____ State _____ Expiration Date _____

Wisconsin EMT License No. _____ NREMT License No. _____

Type of employment desired: Full-time Part-time Internship/Co-op Seasonal Temporary

Referral Source: Advertisement Walk-In School Employee _____
 Private Employment Agency Company Web Site Other _____

Are you legally eligible for employment in the United States of America? Yes No

If you are under the age of 18 and the position you are applying for requires a work permit, can you furnish a work permit? Yes No

What is your desired hourly rate of pay or salary range? \$ _____ per hour or \$ _____ salary

Will you commute if the job you are applying for requires it? Yes No

Will you work overtime if required? Yes No

If you replied "no," please explain: _____

When is the best time to call you? _____ May we contact you at work? Yes No

If you replied "yes," please list your work number and best time to call: _____

Have you submitted an application here before? Yes No

If you replied "yes," please provide a date and the position applied for: _____

Have you been employed by Paratech Ambulance Service, Inc. in the past? Yes No

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No

Have you ever been bonded? Yes No

Answering "yes" to the following question does not automatically disqualify you for employment. Each case will be individually considered based on specific factors.

Have you ever pleaded "guilty" or "no contest" to or ever been convicted of a crime? Yes No

If you replied "yes," please provide a date and a brief explanation: _____

Have you possessed a valid driver's license from a state other than Wisconsin in the last 10 years? Yes No

If you replied "yes," please provide a Driver's License Number and the State in which you possessed a valid driver's license:

Driver's License No.: _____ State: _____

Employment History

Starting with the most recent, please provide the following information of your past and current employers, assignments, or volunteer activities. Explain any gaps in the Employment-related Comments section.

Employer	Duration of Employment Began _____ Ended _____	Job Responsibilities
Address	Phone Number	
Starting Job Title & Final Job Title	Starting Hourly Rate or Salary	
Immediate Supervisor's Name & Title	Ending Hourly Rate or Salary	
Reason for Leaving		
May we contact this employer for reference? Yes No Later		
Employer	Duration of Employment Began _____ Ended _____	Job Responsibilities
Address	Phone Number	
Starting Job Title & Final Job Title	Starting Hourly Rate or Salary	
Immediate Supervisor's Name & Title	Ending Hourly Rate or Salary	
Reason for Leaving		
May we contact this employer for reference? Yes No Later		
Employer	Duration of Employment Began _____ Ended _____	Job Responsibilities
Address	Phone Number	
Starting Job Title & Final Job Title	Starting Hourly Rate or Salary	
Immediate Supervisor's Name & Title	Ending Hourly Rate or Salary	
Reason for Leaving		
May we contact this employer for reference? Yes No Later		
Employer	Duration of Employment Began _____ Ended _____	Job Responsibilities
Address	Phone Number	
Starting Job Title & Final Job Title	Starting Hourly Rate or Salary	
Immediate Supervisor's Name & Title	Ending Hourly Rate or Salary	
Reason for Leaving		
May we contact this employer for reference? Yes No Later		

Employer	Duration of Employment Began _____ Ended _____	Job Responsibilities
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Reason for Leaving		
May we contact this employer for reference? Yes No Later		

Employer	Duration of Employment Began _____ Ended _____	Job Responsibilities
Address	Phone Number	
Starting Job Title & Final Job Title	Starting Hourly Rate or Salary	
Immediate Supervisor's Name & Title	Ending Hourly Rate or Salary	
Reason for Leaving		
May we contact this employer for reference? Yes No Later		

Employer	Duration of Employment Began _____ Ended _____	Job Responsibilities
Address	Phone Number	
Starting Job Title & Final Job Title	Starting Hourly Rate or Salary	
Immediate Supervisor's Name & Title	Ending Hourly Rate or Salary	
Reason for Leaving		
May we contact this employer for reference? Yes No Later		

Employment-related Comments Feel free to elaborate upon any employment-related issues or gaps (exclude any comments that would reveal race, color, religion, sex, national citizenship, age, mental or physical disabilities, veteran/reserve, national guard, or any other similarly protected status).

Driving Record List all motor vehicle violations and accidents you have incurred with in the last five years.

Educational Background

Starting with the most recent, please provide at least three schools you have attended, as well as the number of years attended, degree or diploma acquired, GPA, major, and/or minor at each school, (providing high school graduation or equivalent is required if applying for ambulance operations).

School Attended	Years Attended	Degree or Diploma	GPA	Major	Minor

References

List the name, phone number, and number of years known of three business-related references who are not related to you and are not previous supervisors. If not applicable, list three personal references who are not related to you.

Name	Phone Number	Number of Years Acquainted

Associations

List professional trade, business, civic associations, or any offices held (exclude memberships that would reveal race, color, religion, sex, national citizenship, age, mental or physical disabilities, veteran/reserve, national guard, or any other similarly protected status).

Name of Association	Level of Association

Accomplishments

List special accomplishments, publications, awards, etc. (exclude memberships that would reveal race, color, religion, sex, national citizenship, age, mental or physical disabilities, veteran/reserve, national guard, or any other similarly protected status).

Career Goals

Please provide your career goals as an employee at Paratech Ambulance Service, Inc.

Skills & Qualifications

Summarize any special training, skills, licenses, or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying. Also, list any computer or word-processing skills and training.



Acknowledgement

Please read carefully, initial each paragraph, and sign below.

____ I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification, or omission of information on this application or any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.

____ I hereby authorize the Company to thoroughly investigate the information on my application, my references, work record, education and other matters related to my suitability for employment and, furthermore, authorize the references I have listed to disclose to the Company all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons or entities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

____ The Company adheres to a policy of at-will employment which means that each employee and the Company each retain the right to terminate the employment relationship and that the Company retains the right to modify an employee's position or compensation at any time, with or without cause or notice. No one other than the President has the authority to make any binding promise or enter into any agreement inconsistent with Company's at-will policy and any such agreement must be in writing and signed by both the employee and the President of the Company to be effective.

____ I understand that this application remains current for only 30 days. After 30 days, if I have not heard from the employer, and still wish be considered for employment, I must complete and submit a new application.

____ I understand that Paratech Ambulance Service, Inc. is committed to a policy of Equal Employment Opportunity. Paratech Ambulance Service, Inc. will not discriminate on the basis of age, gender, race, color, religion, national origin, disability, marital status, or any other legally protected characteristic under federal, state or local law. In accordance with applicable law, Paratech Ambulance Service, Inc. will make reasonable accommodation for qualified persons with disabilities. Applicants for employment who have a disability are encouraged to contact the Human Resources Department to request assistance and/or a reasonable accommodation.

____ I also understand that if I am hired, I will be required to provide proof of identification and legal authorization to work in the United States of America.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT.

____ I certify that I have read, fully understand, and accept all terms of the foregoing Acknowledgement.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

Application Received By _____ **Date** _____



Affidavit Authorizing Release of Information

I _____, being an applicant for employment at Paratech Ambulance Service, Inc., authorize an agent of Paratech Ambulance Service, Inc. to obtain information and/or records pertaining to me.

First Name Middle Name Last Name

These sources include, but are not limited to:

- any present or previous employer with the exception of those indicated on my application;
- any educational institution that I have attended;
- any medical institution where I have been treated;
- any law enforcement agency.

I release any individual or institution, including its officers, employees, or related personnel—both individually and collectively—from any and all liability for damages of whatever kind (including actions brought under 895.50 Wisconsin Statutes).

I agree that a photocopy or fax of this affidavit will have the same force and effect as the original.

I have read the above and know it to be true and correct as to be the best of my knowledge.

Signature of Applicant _____ Date _____



Motor Vehicle Record Access Authorization

Applicant or Employee:

I understand that driving may be part of the job description and I voluntarily authorize the current liability carrier of Paratech Ambulance Service, Inc. to access my motor vehicle record(s) and provide a copy to Paratech Ambulance Service, Inc. This authorization shall be valid for this and any future motor vehicle record inspections that may be requested by Paratech Ambulance Service, Inc. I understand and agree that Paratech Ambulance Service, Inc. may consider my motor vehicle record when determining whether to extend an offer of employment to me and in making other employment decisions in the event that I am hired by the Paratech Ambulance Service, Inc.

Name _____
Last First Middle

Driver's license No. _____ State _____ Expiration Date _____

Date of Birth _____

Company _____ Paratech Ambulance Service, Inc. _____

Signature of Applicant _____ Date _____

Voluntary Self-Identification Form

Paratech Ambulance Service, Inc. is an Equal Opportunity/Equal Access/Affirmative Action employer and complies with all federal and state regulations. Employees are treated during employment and qualified applicants are considered for employment without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability, or status as a veteran.

Paratech Ambulance Service, Inc. is subject to certain governmental recordkeeping and reporting requirements for administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your race and ethnicity. Submission of this information is voluntary and refusal to provide such information will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: _____ Employee ID Number: _____
Last Name First Name Middle Initial to be completed by Human Resources

Acknowledgement (select one)

I understand the reason for this request for voluntary self-identification as stated above and choose to decline submission of this information.

I understand the reason for this request for voluntary self-identification as stated above and choose to complete this form.

Gender Male Female

Ethnicity (select one)

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino

Race (select all that apply)

American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

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, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

Black or African American—A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.

White (not Hispanic or Latino)—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

The information I have provided to Paratech Ambulance Service, Inc. is true and complete to the best of my knowledge.

Employee or Applicant Signature: _____ Date: _____