



**PRE-EMPLOYMENT APPLICATION – WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Other Name Worked Under:			
Are you over 18 years of age? YES or NO			
Street Address		Apartment/Unit #	
City	State	Zip	County
Phone		E-mail Address	
Social Security #		Drivers License #	
Position Applied For		Professional License #	
Desired Rate of Pay		Available Start Date	
Available to work FULL TIME PART TIME		Desired Hours	
Division you are applying for: Cleveland Cincinnati			
Are you currently employed? YES or NO			
May we contact your present Employer? YES or NO			
If "YES" please list the employer's name and phone number. If "NO" please explain why:			
Have you ever worked for this company? YES or NO			
If so, please list when and reason for leaving our employ:			
List the names of any relatives or friends working for us and their relationship:			
Are you a citizen of the United States? YES or NO			
If no, are you authorized to work in the U.S.? YES or NO Alien Registration:			
Have you ever been convicted of a crime other than traffic offenses? YES or NO			
If yes, please explain:			
List any experiences, skills, or qualifications which you feel would especially fit your work with this company:			
EDUCATION			
High School		Address	
From	To	Did you Graduate? YES NO	
College		Address	
From	To	Degree	
Other		Address	
From	To	Degree	
REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone ( )	
Address			
Full Name		Relationship	
Company		Phone ( )	
Address			
Full Name		Relationship	
Company		Phone ( )	
Address			

PREVIOUS EMPLOYMENT			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Pay		Ending Pay
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES    or    NO			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Pay		Ending Pay
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES    or    NO			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Pay		Ending Pay
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES    or    NO			
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, please explain:			
Describe any job related training:			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature		Date	
DO NOT WRITE IN THIS SPACE- FOR OFFICE USE ONLY			
RE: _____			
INTERVIEWER: _____			
REMARKS: _____			
NEATNESS: _____ ABILITY _____			
INTERVIEW DATE: _____ ORIENTATION DATE: _____ HIRE DATE: _____			
HOURLY RATE: _____ JOB TITLE: _____			

MVR DISCLOSURE AND RELEASE

In connection with my application for employment,

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving records including court actions, citations, license suspensions' and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to obtain information as to the name, address, and phone number of any agency providing such Information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all source of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request. This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

And,

DISCLOSURE AND RELEASE

I understand that in connection with my application for employment, Ohio Ambulance, or other authorized third parties may be performing, requesting, obtaining, or conducting a background check in connection with my application for employment. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving history, criminal history, credit history, and such other information that may be required.

I understand that Ohio Ambulance may rely on any, all or part of this information in determining whether to extend an offer of employment to me. I further understand that if any adverse action is taken by Ohio ambulance based upon any of this information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that a background check may be performed by Ohio Ambulance or its representative as part of the pre-employment process, in order to evaluate the suitability of an applicant for employment and is not conducted for any other purpose other than in connections with an application for employment.

I, the undersigned applicant for employment, have read this Pre-employment Disclosure and by signing below, hereby authorize Ohio Ambulance its representative, agent and authorized third parties, to conduct a background check, as described herein, in conjunction with my application for employment and hereby release said parties from any and all liabilities related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application for employment and background check that may be preformed. I further direct and authorize such third parties who may be custodians of or may be in possession of requesting records or information to disclose such information or records to Ohio ambulance or their representative and agents, in connection with this authorization and release.

And,

DRUG TESTING CONSENT AND RELEASE FOR EMPLOYEES/APPLICANTS

I, \_\_\_\_\_ (applicant/employee name) as an applicant/employee of Ohio Ambulance, hereby acknowledge that Company's policy requires me to submit to urine drug testing and/or breathe alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system

I hereby freely and voluntarily consent to this request for a urine sample and/or breathe alcohol test, and agree to participate in the testing program.

I hereby and herewith release the Company, its employees, agent and contractors from any and all liabilities whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer (MRO, and /or the Company examining physician, as provided by the Company's Policy.

I further acknowledge that the Company has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

EMPLOYEE/APPLICANT SIGNATURE: \_\_\_\_\_

EMPLOYEE/APPLICANT PRINTED NAME: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ DOB: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_

PRINTED NAME OF WITNESS: \_\_\_\_\_ DATE OF SIGNATURE: \_\_\_\_\_