

11500 Northwest Fwy Ste 265
Houston, TX 77092
TEL: 713-538-3319
Fax: 713-255-8899



PRE-EMPLOYMENT APPLICATION

Our Company is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on application until all questions have been answered.

Score

PERSONAL

Today's Date: _____ Home Phone (_____) _____ E-mail _____
Area Code

Name _____ Alternate Phone/Pager (_____) _____
Last First Middle Area Code

Present Address _____
No. Street City State Zip

Social Security No. _____ Are you 18 or older? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Have you ever been convicted of any crime? (excluding minor traffic violations) including DWI? Yes No
(This does not necessarily mean you will be disqualified from employment)

Position

If yes, state the offense, locations, date and disposition _____

(You are not obligated to disclose sealed or expunged arrest/conviction records.)

Who should be contacted in case of emergency? _____

Relationship Street Address City State Zip Name Area Code

Driver's License: State _____ Number _____ Type _____ Exp. Date _____

EMPLOYMENT DESIRED:

Are you seeking full-time part-time temporary or summer employment?

Position applied for _____ Salary Desired _____

Date Available to start _____

Have you ever applied to one of our companies before? Yes No

Have you ever worked for one of our companies before? Yes No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

How did you learn of our company and/or position? _____

Are you now or do you expect to be engaged in any other business or employment? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No If yes, please specify those days or hours you would be unable or unwilling to work _____

OFFICE USE ONLY

Name (Last, First)

EDUCATION

Name, Address and Location

Dates

Graduate?

Courses Studied

High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
College	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
Other	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes ___ No ___ If so, when, where and what courses? _____

List any scholastic honors, offices held and activities involved in during high school and college _____

List and describe any other School or Specialized Training and current EMS System.

MILITARY

Have you ever served in the military? Yes No

Service Branch _____ Date Entered _____

Date Separated _____ Final Rank _____

Are you a member of a reserve organization? Yes No

HEALTH

Will you abide by the safety rules of this company? Yes No

Are you willing to take a pre-placement physical and urinary drug screen at company expense? Yes No

Are you willing to submit to random drug testing? Yes No

GENERAL WORK EXPERIENCE

Check any of the following areas in which you have skill, training or experience:

- | | | |
|--|---|--|
| <input type="checkbox"/> Emergency Medical Technician | <input type="checkbox"/> Fire Fighter III | <input type="checkbox"/> PHTLS |
| <input type="checkbox"/> Paramedic, certification date _____ | <input type="checkbox"/> Mechanic | <input type="checkbox"/> PALS |
| <input type="checkbox"/> Dispatching | <input type="checkbox"/> Driver | <input type="checkbox"/> Certified Diver |
| <input type="checkbox"/> Computers | <input type="checkbox"/> ACLS | <input type="checkbox"/> General Office |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> BTLS | <input type="checkbox"/> Management Experience |
| <input type="checkbox"/> Fire Fighter II, certification date _____ | <input type="checkbox"/> CPR Instructor | <input type="checkbox"/> Haz Mat Training |

ADDITIONAL INFO:

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
Telephone Area Code ()			Nature of Business	From: Month	To: Month
Title		Reason for Leaving	Year	Year	Ending \$
Duties			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
Telephone Area Code ()			Nature of Business	From: Month	To: Month
Title		Reason for Leaving	Year	Year	Ending \$
Duties			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
Telephone Area Code ()			Nature of Business	From: Month	To: Month
Title		Reason for Leaving	Year	Year	Ending \$
Duties			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
Telephone Area Code ()			Nature of Business	From: Month	To: Month
Title		Reason for Leaving	Year	Year	Ending \$
Duties			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you have worked in any of your previous positions under another name, please give that name: _____

Are you presently employed?Yes No

If yes, may we contact your present employer?Yes No

Use the space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Give three references, not relatives or former employers.

Name	Phone	Occupation

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorized the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for any damage for issuing this information. I further understand that the taking of polygraph examinations and drug tests are a condition of employment and refusal to take such tests when asked will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contracts on behalf of the company without express written consent of the President.

Signature _____ Date _____

COMPANY USE ONLY

Interviewed by: _____ Date: _____

Interviewer's remarks:

FOR OFFICE USE ONLY	
Drug Test _____	MVR _____
Position _____	Test _____