

SOUTHWEST EMS, INC
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Direction to Complete Attached Application Packet

You **MUST** complete ALL of the attached forms to be considered for a position with Southwest EMS, Inc.

1. Complete the application in its entirety. An updated resume will be acceptable for schooling and employment history. Please include all pertinent reference information.
2. Attach all applicable current copies of EMT/EMT-P Certification, Advanced Cardiac Life Support and/ or Basic Cardiac life Support, current driver's license and any other certification documents.
3. Complete and sign the authorization statement sheet.
4. Return all completed forms to:

Southwest EMS, Inc.
1311C Hwy 71N
Mena, AR 71953
479-394-7300
866-394-7300
FAX 866-276-3555

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Date _____

Date Available _____

PERSONAL

Last Name _____ First _____ MI _____

Address _____ Apt. No. _____

City _____ State _____ Zip _____

Telephone Home: () _____ Other () _____

Are you at least 21 years of age? [] Yes [] No

Social Security No. _____ US Citizen? [] Yes [] No Alien Registration # _____

If not a permanent resident, do you have a work permit? [] Yes [] No

Do you Speak, Read or Write any Language Other Than English? [] Yes [] No

Language: _____ [] Speak [] Read [] Write

Language: _____ [] Speak [] Read [] Write

Are you licensed to operate a motor vehicle [] Yes [] No If yes License # _____ State _____

Have you had any traffic violations in the last 4 years? [] Yes [] No

If yes, list violations and dates: _____

Have you been convicted of a felony within the past 5 years? [] Yes [] No

If yes, explain fully: _____

Are you physically and mentally capable, with or without reasonable accommodation of performing the essential functions of the position you are applying for? [] Yes [] No

If no, explain: _____

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POSITION

Position Desired: 1. _____ 2. _____

Division Desired: _____ Salary Desired: _____

Shift Preferred: 8 Hour 12 Hour 24 Hour

Employment Desired: Full Time Part Time PRN

Are you available to work nights & weekends? Yes No

Have you worked for Southwest EMS previously? Yes No

If yes, dates of employment, what department and name under which employed?

Are you known by anyone currently employed by Southwest EMS? Yes No

If so, please name _____

Do you have any relatives who are presently employed by Southwest EMS? Yes No

If so, please name _____

How did you learn of employment opportunity at Southwest EMS? _____

QUALIFICATIONS

If applying for an office position do you have any of these skills?

Typing: WPM _____ 10 Key Adding Machine Other _____

Shorthand: WPM _____ Word Processing, Type _____

Professional and Technical Applicants Only:

Are you currently Registered, Certified, Licensed or Accredited In Your Profession? Yes No

If Yes, By Whom? _____ Active Inactive

_____ Active Inactive

Are you currently Registered, Certified, Licensed or Accredited in: Arkansas Yes No

Oklahoma Yes No Texas Yes No National Registry Yes No

If yes, Registration # : _____ State _____ Expiration Date _____

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Has your License, Certification or Credentials Ever Been Revoked or Put on Probation? [] Yes [] No

If yes, When? _____

CPR - Exp: _____ BTLS - Exp: _____ NREMT - Exp: _____

ACLS - Exp: _____ PALS - Exp: _____ NALS - Exp: _____

EDUCATION

	Graduated?	Dates	Degree Obtained
High School _____	[] Yes [] No	_____	_____

Address (City, State, Zip): _____

College/University _____	[] Yes [] No	_____	_____
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Address (City, State, Zip): _____

EMT/EMT-P School _____	[] Yes [] No	_____	_____
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Address (City, State, Zip): _____

MILITARY SERVICE (US ARMED FORCES ONLY)

From ____ / ____ / ____ To ____ / ____ / ____ Service _____ Branch _____

Entry Rank _____ Separation Rank _____

Present Reserve Status

Active Reserve

From ____ / ____ / ____ To ____ / ____ / ____ Service _____ Branch _____

Inactive Reserve

From ____ / ____ / ____ To ____ / ____ / ____ Service _____ Branch _____

Rate or Rank _____ Do you attend Military Summer Camp [] Yes [] No

Military Summer Camp Until What Year? _____ How Many Weeks Per Year? _____

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EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment records. Start with present or most recent employer. For the purpose of reference checks, indicate if you worked under a different name.

May we contact this employer? [] Yes [] No

Employer _____ (Dates) From _____ to _____

Address _____ Telephone () _____

Job Title _____ Salary _____

Supervisor's Name _____ Supervisor Phone # () _____

Reason For Leaving _____

Duties _____

May we contact this employer? [] Yes [] No

Employer _____ (Dates) From _____ to _____

Address _____ Telephone () _____

Job Title _____ Salary _____

Supervisor's Name _____ Supervisor Phone # () _____

Reason For Leaving _____

Duties _____

May we contact this employer? [] Yes [] No

Employer _____ (Dates) From _____ to _____

Address _____ Telephone () _____

Job Title _____ Salary _____

Supervisor's Name _____ Supervisor Phone # () _____

Reason For Leaving _____

Duties _____

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PROFESSIONAL REFERENCES	
Name _____	Occupation _____
Address _____	
Phone _____	Years Known _____
Name _____	Occupation _____
Address _____	
Phone _____	Years Known _____
Name _____	Occupation _____
Address _____	
Phone _____	Years Known _____

EMPLOYMENT AGREEMENT

Please read carefully before signing. If you have any questions regarding the following statement, please ask the Personnel Representative.

Receipt of this application and the granting of an interview does not imply that the applicant will be hired.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me for further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references and any and all physical examinations and drug screening requirements. I understand that my employment is for no stated term and may be terminated by me or Southwest EMS, Inc at any time.

If employed by Southwest EMS, Inc., I will comply and conform to all of SWEMS policies, procedures and regulations and I understand that if my employment is terminated and/or suspended for any reason, I must return all property of SWEMS in my custody including keys, identification badge, manuals, equipment, uniforms and patient care run forms before I am entitled to final payment of any sum which may otherwise be due to me upon separation of employment.

Signed: _____ Date: _____



1131C Hwy 71 North Mena, AR 71953 Office 479-394-2266 Fax 479-394-3555

Consent to Release Driving Record Information

Date: _____
Insured: Southwest EMS Service Inc.
Location: _____

!!! Important !! Each employee is required to read the following prior to completing the information.

" By signing this form, I give consent to any state to release my MVR to my employer and/or there assigns "

Please print clearly

Driver's Name

Date of Birth

Driver's License Number

Issuing State

Signature