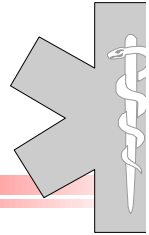




**ARIZONA AMBULANCE TRANSPORT**  
PO Box 1689  
4266 Industry Way  
Sierra Vista, Arizona 85635  
(520) 459-4040 (520) 760-0827 FAX  
www.azambulance.com



## Application for Employment

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Name

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Social Security Number

### Instructions for Completing Application Packet

- You must be at least 21 years old to apply for work at Arizona Ambulance Transport.
- If you are applying for a job that specifies a closing date, your application must be received at PO Box 1689, Sierra Vista, Arizona 85635 **OR by fax at (520) 760-0827** by 4:30 p.m. on the date indicated.
- Your application remains active for a 90-day period. For any questions regarding your application, or to reactivate (renew) your application call **(520) 906-1898**.
- Employees are required to keep current all applicable licenses (Drivers, EMT, Paramedic, CPR, ACLS, etc...) as required for initial employment. **Include copies of all certifications with your application.** Employees will also be required to pass a standardized lifting test and drug screening.

STEP 1: Print in black or blue ink or type. Include your name and social security number where indicated.

STEP 2: Complete Pages 2, 3 and 4, listing all work history information. The application and all release forms must be complete. *(Please print clearly)* A resume may not be submitted in place of the application. Should you choose to submit a resume with your application, it will be reviewed and contained within the submitted application only.

STEP 3: Complete the Reference Release forms (Page 5 and 6) located separately within your application. Completing these forms allows **ARIZONA AMBULANCE TRANSPORT** to secure academic, work and DMV information.

**ARIZONA AMBULANCE TRANSPORT** is an Equal Opportunity Employer. **ARIZONA AMBULANCE TRANSPORT** is committed to complying fully with the Americans with Disabilities Act (ADA) and ensuring equal employment opportunities for qualified persons with disabilities.

**Employees of Arizona Ambulance Transport and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender or age.**

1. **Position applied for:** Nurse Paramedic EMT Dispatcher  
(One per application)

Full Time Part Time  
(Circle one)

2. **Social Security Number:** \_\_\_\_\_

3. **Full legal name:** \_\_\_\_\_  
Last First Middle

4. **Address:** \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

5. **Home Phone:** \_\_\_\_\_ **Alternate Phone/Pager:** \_\_\_\_\_

**6. EDUCATION and CERTIFICATIONS**

a. Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Year completed: \_\_\_\_\_

b. If you did not complete high school, do you have a high school equivalency diploma? Y N Date Received \_\_\_\_\_

c. Circle number of years of post high school education: 1 2 3 4 5 6 7

Name and Location of Institution	Degree	Major or Specialty	Minor	Dates Attended
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

d. Level of EMS Certification EMT IEMT Paramedic

e. Arizona Certification Number: \_\_\_\_\_ Arizona Expiration Date: \_\_\_\_\_

f. National Registry Certification Number: \_\_\_\_\_ National Registry Expiration Date: \_\_\_\_\_

g. ACLS Expiration Date: \_\_\_\_\_

h. CPR Expiration Date: \_\_\_\_\_

i. Drivers License Number \_\_\_\_\_ State of \_\_\_\_\_ Exp. Date \_\_\_\_\_

**7. EXPERIENCE** - Starting with the most recent, describe ALL paid, military, and applicable voluntary experience.

May we contact your Supervisor? Yes      No

a.  
Job Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Full Time  Part Time  Hours/week \_\_\_\_\_

c.  
Job Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Full Time  Part Time  Hours/week \_\_\_\_\_

b.  
Job Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Full Time  Part Time  Hours/week \_\_\_\_\_

d.  
Job Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Full Time  Part Time  Hours/week \_\_\_\_\_

e. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. REFERENCES** – List names, addresses and relationships of three persons not related to you who know your qualifications.

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**9. MISCELLANEOUS**

a. Check which shifts you will accept (all that apply):  48 hour  24 hour  
 12 hour  Rotating  On Call  Weekends

b. Check which employment you would accept (all that apply):  Full Time  Part Time

c. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No

Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

d. Have you ever been convicted of or been found responsible for a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law?  Yes  No

If yes, explain: \_\_\_\_\_

e. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

f. Do you speak a second language?  Yes  No

If yes, explain: \_\_\_\_\_

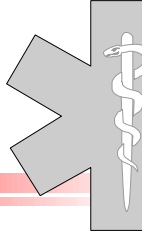
**10. CERTIFICATION** – Each application requires current date and original signature.

I hereby certify that all entries on all sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of **ARIZONA AMBULANCE TRANSPORT**. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application if I so duly noted. I further authorize **ARIZONA AMBULANCE TRANSPORT** to rely upon and use, as it sees fit, any information received from such contacts.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_



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## Reference Release

This form will be given to employers and/or schools you have attended for authorization to release information on your employment or academic history to **ARIZONA AMBULANCE TRANSPORT**. Employment at **ARIZONA AMBULANCE TRANSPORT** is contingent upon satisfactory references.

By signing below, I grant permission to release information to Arizona Ambulance Transport, relating to my work and/or academic experience.

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**Applicant's Name (Please Print or type)**

---

**Social Security Number**

---

**Date**

---

**Applicant's Signature**

Please complete and return to:

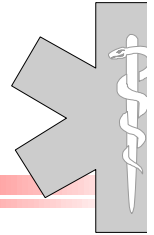
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## MVR Release Form

In order to provide necessary information to insurance carriers, I authorized, without reservation, **ARIZONA AMBULANCE TRANSPORT**, Cindy Elbert Insurance Services, and the American Agency to obtain access to my current and/or past motor vehicle record.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_ **Drivers License State:** \_\_\_\_\_

I understand that if the information obtained is not acceptable to the insurance carriers, that **ARIZONA AMBULANCE TRANSPORT** retains the right to rescind any offer of employment and/or that if at any time during my employment my driving record becomes unacceptable that my employment may be terminated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please complete and return to:

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