



Thank you for applying to United Ambulance Services – United Emergency Medical Services, LLC. In order to be considered for a position with us, this application must be complete. Copies of requested certifications and licenses listed below, will be required if you are interviewed.

Position applying for – Please check appropriate box

EMT– P:	<input type="checkbox"/>	EMT-B:	<input type="checkbox"/>
Full–Time:	<input type="checkbox"/>	Part-time:	<input type="checkbox"/>
Driver:	<input type="checkbox"/>		

The following information will be required if you are hired with United EMS

- 2 Letters of Reference
- CPR Card (If applicable)
- CVO / EVOG Driver Certificate (If applicable)
- State Driver's License
- Indiana Paramedic License (If applicable)
- High School Diploma / G.E.D
- EMT-B Certificate
- Medical Examiner's Certificate
- Resume (if applicable)

*Note - Complete applications are kept on file for up to one year from their date of submission and held until our next hiring process. It is your responsibility to keep it current. Please inform us if you would like your application held longer than one year.

If and when a position becomes available that matches your background an H.R specialist or recruiter will contact via means noted on your application to schedule an interview, please insure your contact information – Mailing Address, Telephone Number and or email Address are correct.
If you have any questions regarding United's application process, contact us at (219) 714-4000.

***Note - United EMS does not employ Ambulance Drivers for the sole role of Driving. United EMS Ambulances are staffed with (2) Two – Certified Medical Technicians' at all times, both technicians must posses a valid state Driver License and have a clean MVR.**

APPLICATION FOR EMPLOYMENT

We appreciate your interest in United EMS, and we are interested in your qualifications. A clear understanding of your background and work history will help us in placing you in the position that best meets your qualifications. United EMS is an EOE, "Equal Opportunity Employer" and does not discriminate against persons regardless of race, age, color, sex, religion, national origin, veteran status, physical handicap or sexual orientation and or preference.

Please attach photocopies of ALL current certifications and licenses you possess (i.e., BLS-CPR, Ambulance Driver's Certificate, EMT-B Certificate, EMT-P License, Medical Examiner's Certificate, Indiana Driver's License, ICS100, ICS 200, Haz Mat FRO).

If you are submitting your application via email (HR@unitedems.com) you may skip this step and provide this documentation when and or if, scheduled for an interview.

PERSONAL INFORMATION

Date: ____/____/____

E-mail Address: _____

Name: _____
Last, First, Middle

Current Address:

Street

City, State, Zip

Telephone #: Home (____) _____ Cell (____) _____

Are you currently enrolled in School? If Yes What Days/Time _____

Do You intend on taking class or see any change in your availability in the near future?

Driver's License #: _____ Date of Birth ____/____/____

How did you hear about United EMS? _____

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| ◆ Are you legally eligible for employment in the USA? | <input type="checkbox"/> | <input type="checkbox"/> |
| ◆ Are you over 21 years old? | <input type="checkbox"/> | <input type="checkbox"/> |
| ◆ Have you ever been charged and/or convicted of a crime? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, explain: _____

- | | | |
|--|--------------------------|--------------------------|
| ◆ Are there any hours, shifts or days you cannot or will not work? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

If yes, explain: _____

- | | | |
|--|--------------------------|--------------------------|
| ◆ Have you ever worked for UEMS before?
United Dialysis, Untited Ambulance or Chair Transit | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

If yes, give date(s): _____

- ◆ List any friends or relatives working for UEMS or United Dialysis, Untited Ambulance or Chair Transit

- ◆ If your application is considered, on what date will you be able to begin?

- ◆ Are there any experiences, skills, or qualifications that you feel would make you especially suited to work for UEMS.

What is your availability?

MILITARY SERVICE RECORD

- | | | |
|---|-------------------------------|-------------------------------|
| ◆ Were you in U.S. Armed Forces? | Yes _____ | No _____ |
| If yes, Branch? _____ | | |
| ◆ Dates of duty: | From: _____ | To: _____ |
| | <small>Month Day Year</small> | <small>Month Day Year</small> |
| ◆ Rank at time of discharge: | _____ | |
| ◆ Type of discharge: | _____ | |
| ◆ List duties in the service, including special training: | _____ | |
| _____ | | |
| ◆ Are you currently an active member of the National Guard or Reserves? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

EDUCATION

Level	Name and Location of School	Years Attended	Major	Diploma or Degree
High School		From:		
		To:		
College/ University		From:		
		To:		
EMT-P School		From:		
		To:		
Other		From:		
		To:		

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			
American Sign			

REFERENCES

Provide the name, address and telephone number of two individuals who can attest to your good character. DO NOT list individuals who are employees of UEMS or relatives.

Name	Address	Phone	Years Known

LICENSES - CERTIFICATES - PERMITS

Please attach photocopies of ALL current certifications and licenses you possess (i.e., BLS-CPR, Ambulance Driver's Certificate, EMT-B Certificate, EMT-P License, Medical Examiner's Certificate, Indiana Driver's License, ICS 100, ICS 200, Haz Mat FRO).

MANDATORY CERTIFICATIONS & LICENSES

	<u>Expiration Date</u>
Valid IN Driver's License # _____	_____
CVO / EVOC Ambulance Drivers Certificate	_____
Emergency Medical Technician B Certificate	_____
Medical Examiner's Certificate	_____
Indiana Paramedic License	_____
County of Accreditation _____	_____
CPR: Health Care Provider or Equivalent	_____

EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, please list ALL jobs (including part-time, temporary, and voluntary positions) you have held. For identification and verification, please indicate the nature of the activity, i.e., full-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided. Do not omit any period of employment.

Dates of Employment	Name and Address of Employer
____/____ to ____/____ (Mo. / Yr.)(Mo. / Yr.)	_____ _____ _____
Telephone No. _____	
Name of Supervisor _____	
Name(s) of Co-worker(s) _____	
Title _____	
Duties _____	
Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service	
Reason for Leaving: _____ _____	
<input type="checkbox"/> Termination, please explain (Be Specific) _____ _____	
<input type="checkbox"/> Resignation, please explain (Be Specific) _____ _____	

<p>Dates of Employment</p> <p>____/____/____ to ____/____/____ (Mo. / Yr.)(Mo. / Yr.)</p>	<p>Name and Address of Employer</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Telephone No. _____</p>	
<p>Name of Supervisor _____</p>	
<p>Name(s) of Co-worker(s) _____</p>	
<p>Title _____</p>	
<p>Duties _____</p>	
<p>Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service</p>	
<p>Reason for Leaving: _____</p> <p>_____</p>	
<p><input type="checkbox"/> Termination, please explain (Be Specific) _____</p> <p>_____</p>	
<p><input type="checkbox"/> Resignation, please explain (Be Specific) _____</p> <p>_____</p>	

<p>Dates of Employment</p> <p>____/____/____ to ____/____/____ (Mo. / Yr.)(Mo. / Yr.)</p>	<p>Name and Address of Employer</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Telephone No. _____</p>	
<p>Name of Supervisor _____</p>	
<p>Name(s) of Co-worker(s) _____</p>	
<p>Title _____</p>	
<p>Duties _____</p>	
<p>Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service</p>	
<p>Reason for Leaving: _____</p> <p>_____</p>	
<p><input type="checkbox"/> Termination, please explain (Be Specific) _____</p> <p>_____</p>	
<p><input type="checkbox"/> Resignation, please explain (Be Specific) _____</p> <p>_____</p>	

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<p>Duties _____</p>	
<p>Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service</p>	
<p>Reason for Leaving: _____</p> <p>_____</p>	
<p><input type="checkbox"/> Termination, please explain (Be Specific) _____</p> <p>_____</p>	
<p><input type="checkbox"/> Resignation, please explain (Be Specific) _____</p> <p>_____</p>	

<p>Dates of Employment</p> <p>____/____/____ to ____/____/____ (Mo. / Yr.) (Mo. / Yr.)</p>	<p>Name and Address of Employer</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Telephone No. _____</p>	
<p>Name of Supervisor _____</p>	
<p>Name(s) of Co-worker(s) _____</p>	
<p>Title _____</p>	
<p>Duties _____</p>	
<p>Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service</p>	
<p>Reason for Leaving: _____</p> <p>_____</p>	
<p><input type="checkbox"/> Termination, please explain (Be Specific) _____</p> <p>_____</p>	
<p><input type="checkbox"/> Resignation, please explain (Be Specific) _____</p> <p>_____</p>	

GENERAL INFORMATION AND FACTS

I understand and agree that:

- 1.) I am aware that ambulance employees are subject to heavy lifting, often under adverse conditions.
- 2.) I am aware that ambulance employees are often subject to working shifts of more than Twelve (12) consecutive hours.
- 3.) I am aware that ambulance employees are often subject to transporting persons with contagious illnesses and/or diseases.
- 4.) Due to the nature of the ambulance service business, employees are often scheduled to work holidays such as Christmas and Thanksgiving.
- 5.) From time to time, it may be necessary for an employee to work unscheduled overtime. Therefore, in accepting employment with UEMS, all employees assume an obligation to work not only regular shift assignments, but also overtime assignments whenever it may become necessary.
- 6.) I agree that if requested by the management of UEMS, I will submit to a search of my person or of any locker, or personal space that may be assigned to me, and I hereby waive all claims for any damages on account of such examination.
- 7.) I am aware that UEMS will require me to take an EMT-B or EMT-P skills (written) and physical agility test prior to consideration for employment.
- 8.) It is my understanding that employees of UEMS, who are suspected of intoxication for any reason while on duty or prior to going on duty may be subject to a medical examination and alcohol or drug screening. Such examinations and/or tests, when requested, are a condition of employment.
- 9.) It is my understanding that if employed, such employment is for an indefinite period of time and that UEMS may adjust wages, benefits and employment conditions at any time or based on my performance.
- 10.) It is my understanding that although UEMS makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my employment.
- 11.) It is my understanding that I must submit photocopies of my Ambulance Driver Certificate, CPR card, Medical Examiner's Certificate, EMT card, Department of Motor Vehicle's driving record and any other licenses, permits or certificates of training that I may hold. It is a condition of employment to maintain all certifications and licenses.

Initial

Date

GENERAL INFORMATION AND FACTS, CONT.

12.) I am aware that United EMS is a drug free company and will require me to undergo drug screening prior to employment. Additionally, I will be subject to "random" screening throughout my employment, and will be required to complete such screening within 48 hours of notice per Indiana State Law, and if such substances are tested positive I will be terminated immediately. I also understand it is a Mandatory Insurance Law, that if I am onboard a company vehicle – involved in an accident, I will be required to undergo Drug/Alcohol screening upon returning to base.

13.) I am aware that United EMS will make a thorough investigation of my entire employment and personal history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by UEMS. Additionally, I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate termination. Additionally I understand and agree authorize UEMS to conduct a criminal background check, state and federally.

14.) I agree that if my employment is terminated by My-self or United EMS, that UEMS may withhold my earnings, vacation pay or final wages until all UEMS property has been returned. Including but not limited to, company Issued Communication Devices, Key Cards, Keys, or Badges.

I understand that if I am hired or selected for employment that I will be a **Temporary** employee for a period of evaluation of up to (180) days of employment, and company benefits will not be made available until I successfully advanced to Permanent employment contingent on my performance evaluation.

Date

Signature of Applicant

APPLICANT'S STATEMENT

Please read and sign below.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one hundred-eighty (180) days, but will remain on record with United EMS for up to (1) one year from the dates of its submission. At the end of this period, such information will be destroyed.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, an employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand by law UEMS may with-hold final wages if a minimum of (2) Two Weeks notice has **not** been given prior to my resignation, for up to 30 days.

I hereby understand all applicants may be subject to an in-depth physical exam and drug screening.

In the event of employment, I understand that false, missing or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of United Emergency Medical Services, LLC and its Partners.

Date

Signature of Applicant

CHP—ADL

1106

- (B) Owner's Responsibility: Every owner, operator, director or employee of an ambulance service shall comply with all provisions of this article and shall be responsible for prohibiting any person in the employ of such service from:
- (1) Driving an ambulance when not thoroughly familiar with the provisions of sections 21055, 21056, 21806, 21807, and 23103 of the vehicle code.
 - (2) Acting at any time in the capacity of an ambulance attendant when such person:
 - (A) Is required to register as a sex offender under the provision of Sections 290 of the Penal Code.
 - (B) Habitually or excessively uses or is addicted to the use of narcotics or dangerous drugs, or has been convicted of any offense relating to the use, sale, possession, or transportation of narcotics, habit-forming or dangerous drugs.
 - (C) Continuously or excessively uses intoxicating beverages.
 - (D) Has been convicted of any offense punishable as a felony or has been convicted of theft in either degree during the preceding ten-year period.
 - (E) Has committed any act involving moral turpitude.
 - (F) Does not comply with the ambulance attendant qualification requirements in section 1101.2 of this article.

I have read the above regulations as reprinted from the Ambulance Driver's Handbook published by the Indiana Highway Patrol and declare under penalty of perjury that the following statements are true and correct.

1. I am not required to register as a sex offender.
2. I do not habitually or excessively use or am I addicted to the use of narcotics or dangerous drugs, or have I ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics, or dangerous drugs.
3. I do not continuously or excessively use intoxicating beverages.
4. I have never been convicted of any offense punishable as a felony or have I ever been convicted of theft in either degree.
5. I have never committed any act involving moral turpitude.

Date _____ Signature _____

As an applicant for a field position working on an ambulance, I realize physical agility and strength are of prime importance for the desired position. Therefore, I shall not hold UEMS, its officers, employees and/or agents responsible for any injury sustained directly or indirectly by attempting to qualify for said employment.

Date _____ Signature _____

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status including sexual orientation or preference and any discrimination against another employee will result in dismissal of employment with out warning.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

AUTHORITY FOR THE RELEASE OF INFORMATION

I, _____, hereby authorize you to furnish United EMS with any and all information that you may have concerning my work history, work related conduct, school records, and/or Department of Motor Vehicle's records, including information based on material in my personnel file. This information is to be used to assist UEMS in determining my qualifications and fitness for the position I am seeking.

I further authorize you and/or your designated representatives to respond to verbal or written inquiries from United EMS regarding my employment record with your organization.

I do hereby agree to release, save, defend and hold harmless you and your organization, and/or its employees or agents from any claims, liability or damage that may result from furnishing the information requested above.

Copies of this authorization with my signature are as valid as the original release signed by me. The original of this form is maintained by United EMS and will be made available upon demand.

Applicants Name (Please Print)

Date of Birth

Applicants Signature

Date

Witness Signature

Date

This Waiver is valid indefinitely and has no expiration date, and will remain on file with the company attorney of notice for United EMS.