



SOUTH LAKE HOUSTON EMS  
Application for Employment

South Lake Houston EMS considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. South Lake Houston EMS is a Drug-Free workplace.

PLEASE PRINT

PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last, First, Middle)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If you were referred to us, list whom referred you: \_\_\_\_\_

POSITION INFORMATION

Type of employment desired: Full Time Part Time Temporary Seasonal

Position(s) applying for: \_\_\_\_\_ Date available to start: \_\_\_\_\_

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

CERTIFICATION INFORMATION (Please list only current certifications-photocopies will be required)

CPR EMT EMT-P PALS ACLS BTLS EMD CDL Other: \_\_\_\_\_

List any special skills or qualifications: \_\_\_\_\_

WORK REQUIREMENTS AND GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO Class: \_\_\_\_\_

Issued by what state? \_\_\_\_\_ Driver's License #: \_\_\_\_\_

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: \_\_\_\_\_

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended? YES NO If yes, explain: \_\_\_\_\_

A conviction will not necessarily disqualify you from employment.



SOUTH LAKE HOUSTON EMS  
Application for Employment

EMPLOYMENT HISTORY (List your last three employers or volunteer activities, starting with the most recent.)

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact? YES NO

Reason(s) for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact? YES NO

Reason(s) for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact? YES NO

Reason(s) for leaving: \_\_\_\_\_

Military: Branch of service: \_\_\_\_\_ Rank: \_\_\_\_\_ Discharged: \_\_\_\_\_



SOUTH LAKE HOUSTON EMS  
Application for Employment

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge, if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my employment, and I hereby give my consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the Company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the Company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information furnished.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



SOUTH LAKE HOUSTON EMS  
Application for Employment

---