

2. _____
Employer City & State Emp. Dates

Telephone Number Name Of Your Supervisor

Starting Pay Ending Pay

Job Duties

Reason for leaving

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SECTION 2: Criminal History

Have you ever been convicted of a crime of the following nature:

Violence; theft of property; drugs; any felony conviction _____

If yes explain: _____

A conviction record will not necessarily prevent an offer of employment.

SECTION 3: Driving Information

1. Attach a photo copy of your valid State Driver License.
2. Total number of speeding tickets in the last 5 years: _____
3. Total number of motor vehicle wrecks in the last 5 years: _____
(MVA Reports for each accident must be attached)
4. Has your driver's license ever been suspended or revoked: _____

SECTION 4: EMT License Information

1. Attach a photocopy of your valid Alabama EMT License.
2. Has your EMT license ever been suspended or revoked? _____
If yes explain: _____
3. How much experience do you have transporting patients? _____ Years

SECTION 5: Copy Of License/Document

DOCUMENTATION

- (1.) (One of the following) Social Security Card or Birth Certificate
- (2.) Valid Driver License
- (3.) Valid Alabama EMT Paramedic License with Credentialing and Transfer Drugs
- (4.) Valid Alabama EMT Intermediate License with Credentialing;
- (5.) Valid Alabama EMT Basic License
- (6.) Alabama Ambulance Driver License (EVOC)

COPY OF DOCUMENTS REQUIRED FOR POSITION

- Wheelchair Van Driver: (1); (2)
EMT Paramedic Driver: (1); (2); (3); (6)
EMT Paramedic Non-Driver: (1); (2); (3)
EMT Intermediate Driver: (1); (2); (4); (6)
EMT Intermediate Non-Driver: (1); (2); (4)
EMT Basic Driver: (1); (2); (5); (6)
EMT Basic Non-Driver: (1); (2); (5)
Ambulance Driver: (1); (2); (6)

SECTION 6: Past History/Relations with NorthStar

Have you worked for NorthStar in the past? _____

If yes, explain _____

Do you have any relatives currently working for NorthStar? _____

If yes, who _____

Please list any current or past NorthStar employees that you would like to use as a personal reference:

SECTION 7: Motor Vehicle Report Consent

I hereby consent and authorize NorthStar EMS, Inc. to obtain a copy of my motor vehicle report (herein after "MVR"). I understand that my MVR will be used for insurance/underwriting purposes and to verify information I have provided to NorthStar. I also understand that said MVR may be obtained from a consumer reporting agency and I so authorize such method.

Furthermore, I understand that the company will review all motor vehicle related incidents now and during the course of my employment and that a member of management will make a determination to either:

1. Conduct a counseling session and issue a warning.
2. Revoke my company driving privileges.
3. Terminate my employment with the company.

Your name as it appears on your driver license

Address as appears on license

Driver's License Number Social Security Number Date Of Birth

Signature

SECTION 8: Application Statement

I do not habitually or excessively use intoxicating beverages.

I understand as a condition of my employment if offered a position with NorthStar EMS, Inc. that I will be required to undergo a drug screen if the company feels that it is warranted. The company reserves the right to conduct selected, random, suspicion, area, department and/or company wide drug testing at it discretion.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any and all of the statements checked by the company unless I have stated to the contrary in writing at the end of this statement. I authorize the references listed, as well as all other current and prior employers whom NorthStar EMS, Inc. contacts to provide the company with any and all factual information concerning my current and previous employment and any other pertinent information they may have in consideration of the fact that all such information shall be held confidential and used only for my application for employment with NorthStar EMS, Inc. I hereby release from any liability anyone who collects such information and anyone who furnishes such information on my behalf. I further agree that a photo static or facsimile copy of my authorization shall have the same effect as the original. I understand that my misrepresentation, falsification, or material omission of any information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules, policies, and standards of the company, as amended by the company from time to time at its discretion. I further agree that my employment and compensation can be terminated "At-Will" with or without cause and with or without notice at anytime at either my option or the option of NorthStar EMS, Inc. I understand that no employee or representative of the company, other than the President or CEO, has the authority to enter into any agreement/contract that differs from established written company policy. If and when any such agreement/contract is made it shall be in writing and signed by the President or CEO and the employee.

Signature of Applicant

Date

Applicant Interviewed By: _____
(PRINT AND SIGN)

Date

Application Reviewed By: _____
HR Director Signature

Date

Operations Director Signature

Date

Location _____ Shift _____ Rate _____ Sign-On _____

Pay Sign-On As _____/_____ Initial Approved/Accepted _____/_____