



Employment Application

A&E Emergency Services, LLC is an Equal Opportunity Employer. All applicants are considered for positions without regard to race, creed, color, religion, sex, sexual orientation, national origin, age, qualified disability or handicap, or veteran status.

Please follow these instructions when completing this application:

1. Please print legibly in ink.
2. This application must be fully completed. A resume may be included; however, it will not substitute for this application or any section within this application. Any incomplete applications will not be considered.
3. Obtain and provide a five year DMV record to be turned in with application.
4. The Medical Statement form must be filled out by a physician, PA or NP prior to turning in the application for employment.
5. Photocopies of the following documents must be included with this application. Failure to include the minimum documents will automatically reject your application.

Emergency Medical Technicians:

AEMT Certification
EVOC Certification
Current CPR Certification
(For the Professional Rescuer)
PHTLS or ITLS



Paramedics:

EMT-P Certification
ACLS Certification
PALS Certification
EVOC Certification
Current CPR Certification
(For the Professional Rescuer)
PHTLS or ITLS



Note: All full time Paramedics will be required to obtain the Critical Care and Ventilator Certifications if not already held. These certifications will be provided at the cost of A&E Emergency Services, LLC. All PRN Paramedics are required to obtain Ventilator Certification at the cost of A&E Emergency Services, LLC.

Administration Use Only

Application Received: _____ **Reference Check:** _____

Applicant Contacted: _____ **Hire Date:** _____

Applicant Interviewed: _____ **Pay Date:** _____

By Whom: _____ **Start Date:** _____

Method of Selection

The examination process includes: Written Examination, Physical Ability Assessment, and Oral Interview & Extensive Background Investigation.

Written Examination: A written examination may be necessary in order to help narrow down the field of applicants and will be at the discretion of the Chief. The minimum passing score on the written examination is 70. You must pass the written examination to be eligible for an invitation to the oral interview. Candidates who fail to achieve the minimum passing score on the written examination will be disqualified from any further consideration for the position. A&E Emergency Services, LLC reserves the right to administer a second written examination at its discretion.

Physical Ability Assessment: Candidates who pass the written exam will have to meet departmental physical fitness standards, including but not limited to: bending, squatting, kneeling, walking on uneven ground, climbing stairs, lifting 100-150lbs, and perform CPR/First Aid. *The Physical Ability Assessment is for those with passing scores only on the written exam and after receiving Medical Approval. The Physical Ability Assessment can be waived at the discretion of the Chief.*

Oral Interview: The last phase of the examination for AEMT or EMT-P will be an interview before a panel of EMS and/or personnel representatives. This phase of the examination is designed to aid in the determination of a candidate's maturity, communication skills and motivation for the position. A&E Emergency Services, LLC reserves the right to limit the number of candidates who are invited to the oral interview. Candidates who have passed the written examination, but who have failed this portion of the examination, will be disqualified at this time for any further consideration for the position available.

Background Investigation: A thorough background and character investigation will be conducted for the specific purpose of obtaining pertinent data for A&E Emergency Services, LLC to consider in determining suitability for employment as an AEMT or EMT-P. Eligible candidates will be requested to authorize a release of personal information, however personal or confidential it may appear to be, including but not limited to: educational, financial/credit agencies and institutions, medical history, employment history, legal complaints, arrests or convictions, and motor vehicle history.

The Chief and/or Director reserves the right to reject any eligible candidate whom, on the basis of background and character investigation or medical examination, does not appear to be the most suitable qualified candidate for the position.

If you fail to appear for any part of the examination process, or if you do not pass any part of the examination, your name will be removed from any further consideration. An individual appointed to the position must satisfactorily complete a six (6) month probationary period.

Minimum Qualifications/Job Description

EXPERIENCE AND TRAINING:

- Completion of high school or possession of a high school equivalency diploma AND
- Minimum current State of Tennessee AEMT Certification or EMT-P Certification AND
- Current certification in CPR for the Professional Rescuer AND
- Possession and maintenance of a valid motor vehicle operator's license and an acceptable driving record.

All licenses and certifications must be valid at time of application, hiring and throughout employment. Maintenance of these valid licenses is a condition of employment. At the time of appointment and during employment, AEMT and EMT-P's must meet the medical and physical standards established by the EMS Chief and Director. Current employees must continue to meet or exceed all requirements for maintenance of State of Tennessee certification during employment with A&E Emergency Services, LLC.

TRAINING: Graduation from high school or its equivalent as evidenced by possession of a GED. Must attend and successfully complete any training program either mandated by law or by the EMS Department. Must attend and successfully complete any non-mandatory training program voluntarily accepted; must attend and successfully complete any mandatory refresher courses or tests of ability designed to ensure skill and knowledge in areas of performance.

DRIVER'S LICENSE: Must possess and maintain a valid motor vehicle operator's license and satisfactory driving history. *An individual may not be considered for appointment if he or she has had a major violation within a three year period, four or more motor vehicle violations other than major within a three-year period, or suspension or revocation of a license for any reason in the past five years. A valid Driver's License is required at the time of appointment.*

RESIDENCY REQUIREMENTS: Candidates must be U.S. Citizens.

KNOWLEDGE, SKILL AND ABILITY: Good knowledge of emergency medical conditions, techniques and procedures; good social skills and general intelligence; good powers of observation; ability to operate bio-medical and telecommunications equipment; ability to perform calmly and efficiently in crisis situations; ability to maintain records and prepare reports using a computer; ability to understand written laws and apply them to specific situations; physical strength adequate to lift unconscious patients; ability to operate specially equipped vehicles under emergency conditions, willingness to work nights, weekends, holidays and assigned shifts, willingness to assist in training activities; willingness to maintain vehicles, equipment and station in good condition; willingness to maintain physical conditioning commensurate with the demands of the position. *No applicant will be accepted with any drug related conviction, felony conviction, conviction for any Class A or Class B misdemeanor.*

GENERAL STATEMENT OF DUTIES: These duties involve responsibility for providing emergency medical services. Employees in this position operate specially equipped vehicles. When engaged in providing emergency medical services, incumbents are in radio contact with and may receive direction from the Chief, Director and/or supervising physicians.

SUPERVISION RECEIVED: The work is performed under the direction of the Chief and EMS Director who make assignments, review work in progress and upon completion do related work as required. On scene, the AEMT will perform under the direction of a paramedic if one is on scene.

ESSENTIAL FUNCTION: Operates specially equipped vehicles to respond to emergencies and provides care to stabilize persons with life threatening problems resulting from trauma or other medical emergencies; Participates in the provision of emergency medical treatment to accident or other victims such as extrication, splinting, immobilization, airway management, CPR, Hemostasis, IV therapy and drug administration (within existing protocols), ECG monitoring, defibrillation, etc.; Monitors and transmits assessment and vital signs information via radio or telephone; Keeps records of emergency calls, patient treatment and problems encountered and solutions rendered in the course of duty; Maintains equipment on specially equipped vehicles in appropriate operating condition; Participates in emergency training of police, fire and EMS personnel as

well as members of the community; Conducts initial scene assessments, initiates and participates in the incident command system on the scene of incidents; Assists the Chief, EMS Director or his designees with public information and education in activities such as CPR etc.; Maintains station and apparatus in good condition. Regular and punctual attendance.

Any omission, falsification, fabrication, lie or misleading statement will automatically result in disqualifications from further consideration with A&E Emergency Services, LLC.



TENNESSEE DEPARTMENT OF HEALTH
 DIVISION OF HEALTH LICENSURE AND REGULATION
 OFFICE OF EMERGENCY MEDICAL SERVICES
 665 MAINSTREAM DRIVE, 2nd FLOOR
 NASHVILLE, TN 37243

MEDICAL STATEMENT
For Emergency Medical Services Professional License

The Office of Emergency Medical Services is the state agency responsible for the licensing of emergency medical services personnel. The mission of the agency is to oversee the delivery of pre-hospital emergency care and to safeguard the public from inappropriate or incompetent medical care in the pre-hospital environment. When issuing a license, it is understood that the individual can meet the demands, duties, and responsibilities listed below and examiner performing the evaluation is a licensed physician, nurse practitioner or physician assistant.

GENERAL DUTY REQUIREMENTS:

The general environmental conditions in which emergency medical service personnel work includes a variety of hot and cold temperatures and, at times, they may be exposed to hazardous fumes. They may be required to walk, climb, crawl, bend, pull, push, or lift and balance over less than ideal terrain. They can also be exposed to a variety of noise levels, which can be quite high, particularly when sirens are sounding. The individual must be able to function effectively in uncontrolled environments with high levels of ambient noise. Aptitudes required for work of this nature are good physical stamina, endurance, and body condition which would not be adversely affected by having times to lift, move, carry and balance while moving in excess of 125 pounds (250 pounds 2 person lift). Motor Coordination is dexterity to bandage, splint and move patients, including properly applying invasive airways and administering injections.

Driving in a safe manner, accurately discerning street names, map reading, and the ability to correctly distinguish house numbers or business locations are essential tasks. Use of the telephone or radio for transmitting and responding to physician's advice is also essential. The ability to concisely and accurately describe orally to health professionals the patient's condition is critical. The provider must also be able to accurately summarize all data in the form of a written report.

 TYPE / PRINT APPLICANTS NAME

HAS BEEN EXAMINED AND DEMONSTRATES SUFFICIENT HEALTH TO PERFORM THE ESSENTIAL FUNCTIONS IN THE PRE-HOSPITAL ENVIRONMENT AS DESCRIBED IN THE GENERAL DUTY REQUIREMENTS ABOVE INCLUDING VISUAL ACUITY, SPEECH, HEARING, AND THE USE OF EXTREMITIES.

 PRINT PROVIDER NAME

 PROVIDER'S LICENSE NUMBER

 STATE

 PROVIDER'S SIGNATURE

 DATE

AUTHORIZATION FOR RELEASE OF INFORMATION:

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION BY THE EXAMINER NECESSARY FOR QUALIFICATION TO MY EMPLOYER FOR DETERMINATION OF MY ELIGIBILITY BY THE DIVISION OF EMERGENCY MEDICAL SERVICES.

 SIGNATURE OF APPLICANT

 SOCIAL SECURITY NUMBER

 DATE

"Under HIPPA, the health information you furnish on this document is protected from public inspection, absent a subpoena or for purposes of health oversight activities."

Please return application via scanned email submission to bsmith@aeemergencyservices.org or to the mailing address listed on the application's cover page. All information within this application will be strictly held confidential

PERSONAL INFORMATION

Name: _____ DOB: _____
 (Last) (First) (Middle) SS Number: _____ - _____ - _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Other Phone: _____
 Emergency Contact: _____ Phone: _____
 Are you at least 18 years of age? YES NO Date Available to Start: _____
 Hours Requested (please circle): Full Time Part Time
 How did you find out about this position? _____
 Do you have any relatives or friends working here? _____
 Please list: _____

POSITION INFORMATION

Position applying for: _____
 Have you ever worked for this organization? _____ If so, date(s): _____
 Prior position(s) here: _____
 Reason(s) for leaving: _____

CERTIFICATION INFORMATION
 (List only current certifications – photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
AEMT/EMT-P (CIRCLE ONE)			
National Registry			
PALS			
ACLS			
PHTLS or ITLS			
EMD			
Ventilator			
Critical Care			

CERTIFICATION INFORMATION - Continued

Certification	Certification Number	Expiration Date	Certifying Agency
CDL			
Other: _____			

WORK REQUIREMENT 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.

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain: _____

EMPLOYMENT HISTORY

(List your last three employers starting with the most recent)

Employer:	
Job Title:	Supervisor:
Start Date:	Salary:
End Date:	Salary:
Job Description (including duties and responsibilities):	
Employer's Phone #:	May we contact? YES NO
Reason for leaving:	

Employer:					
Job Title:	Supervisor:				
Start Date:	Salary:				
End Date:	Salary:				
Job Description (including duties and responsibilities):					
Employer's Phone #:	May we contact? YES NO				
Reason for leaving:					
Employer:					
Job Title:	Supervisor:				
Start Date:	Salary:				
End Date:	Salary:				
Job Description (including duties and responsibilities):					
Employer's Phone #:	May we contact? YES NO				
Reason for leaving:					
MILITARY:					
Branch of Service	Date Began	Date Ended	Rank & Duties	Date Discharged	Location
Explain any gaps in employment:					

PAST EMPLOYMENT

Have you ever been:

- | | | |
|--|-----|----|
| Disciplined or terminated for reckless driving? | YES | NO |
| Placed on probation or terminated for excessive absenteeism? | YES | NO |
| Disciplined or fired for insubordination? | YES | NO |
| Disciplined or fired for assault or fighting? | YES | NO |
| Disciplined or fired for harassment? | YES | NO |
| Disciplined or fired for patient abuse? | YES | NO |
| Disciplined or fired for alcohol or drug related activity at work? | YES | NO |

If you answered yes to any question above, please explain: _____

EDUCATION AND TRAINING

High School:	
Name:	Address:
Years completed:	
Did you graduate? YES NO	If not, highest grade completed:
Have you received your GED? YES NO	
College:	
Name:	Address:
Years completed:	
Did you graduate? YES NO	If not, highest grade completed:
Degree:	Major:
Other College:	
Name:	Address:
Years completed:	
Did you graduate? YES NO	If not, highest grade completed:
Degree:	Major:
Technical School:	
Name:	Address:
Years completed:	
Did you graduate? YES NO	If not, highest grade completed:
Certificate:	License:
Expires:	Expires:
Other School/Training:	
Name:	Address:
Years completed:	
Did you graduate? YES NO	If not, highest grade completed:
Certificate:	License:
Expires:	Expires:

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment): _____

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

REFERENCES

List three persons, other than relatives, who have knowledge of your work experience and/or education.

Name:	Address:
Occupation:	
Years Known:	Phone #:() - -
Name:	Address:
Occupation:	
Years Known:	Phone #:() - -
Name:	Address:
Occupation:	
Years Known:	Phone #:() - -

List two personal references that have known you for at least three years outside work.

Name:	Address:
Relation:	
Years Known:	Phone #:() - -
Name:	Address:
Relation:	
Years Known:	Phone #:() - -

ACKNOWLEDGEMENT

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 A&E Emergency Services, LLC in anyway. Applications will remain active for one year, after which time re-application will be necessary. If hired, employment will be “at will” and either I or A&E Emergency Services, LLC 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 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 A&E Emergency Services, LLC as a condition of my employment, and I hereby give my consent to the release of all information which A&E Emergency Services, LLC 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 A&E Emergency Services, LLC.

I hereby authorize A&E Emergency Services, LLC to investigate my employment history with former employers and to make any further investigations 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 A&E Emergency Services, LLC and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded my employment with A&E Emergency Services, LLC may be terminated.

Applicant's Signature: _____

Date: _____

Printed Name: _____