



WWW.SIMONANDSIMONSERVICES.COM

Application for Employment

Date _____

APPLICANT INFORMATION

Last Name _____	First Name _____	Middle Initial _____
Present Address _____	City _____	State _____ Zip _____
Phone Number _____	Cell Phone _____	Pager Number _____
Social Security Number _____	Are you 21 years of age or older? _____	
Email Address _____		
Are you a United States Citizen? _____		
Have you even been charged, convicted or plead guilty to a misdemeanor or a felony? _____		
If so, please explain the details below or attach additional documentation if necessary. <i>Please Note, a yes answer will not automatically disqualify you from employment.</i>		

EMPLOYMENT DESIRED

Position _____	Salary Desired _____	Date Available _____
Are you currently employed? _____	May we contact your current employer? _____	
Name of Current Employer _____	Employer's Phone Number _____	
Have you ever applied at ParaBasic Ambulance Service before? _____ If so, when? _____		
Are you willing to work the following shifts?		
<input type="checkbox"/> Rotating Shifts	<input type="checkbox"/> 12 Hour Shifts	<input type="checkbox"/> Weekends <input type="checkbox"/> 8 Hour Shifts <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime

QUALIFICATIONS

Current Certification _____	If so, how long? _____
State Number _____ Expiration Date _____	National Registry Number _____ Expiration Date _____
<i>Certifications: (check if applicable)</i>	
<input type="checkbox"/> CPR	<input type="checkbox"/> CPR Instructor <input type="checkbox"/> First Aid <input type="checkbox"/> First Aid Instructor
<input type="checkbox"/> ACLS	<input type="checkbox"/> ACLS Instructor <input type="checkbox"/> BTLIS <input type="checkbox"/> BTLIS Instructor
Other Certifications or Special skills (please list) _____	
Do you have a valid Driver's License? _____	
DL# _____	Date of Birth _____ State Issued _____ Exp. Date _____

EDUCATION

GED/Diploma _____ Address _____ City _____ State _____ Zip _____
Years Attended _____ Did you complete? _____

High School _____ Address _____ City _____ State _____ Zip _____
Years Attended _____ Did you Graduate? _____ If so, when? _____
Special Courses Studied _____

College _____ Address _____ City _____ State _____ Zip _____
Years Attended _____ Did you Graduate? _____ If so, when? _____
Special Courses Studied _____

Additional Credits or
Comments _____

MILITARY SERVICE

Are you a Military Veteran of the United States? yes no
Effective Dates (to & from) _____
Branch of Service _____ Type of Discharge _____

PAST EMPLOYMENT

Please list employment from current to least. Use an extra sheet of paper if necessary for past employment or reason for leaving employer.

Employer _____
Begin Date _____ End Date _____ May we contact your employer? _____
Address _____ City _____ State _____ Zip _____ Phone# _____
Describe in detail your duties and responsibilities _____

Reason for leaving _____

Employer _____
Begin Date _____ End Date _____ May we contact your employer? _____
Address _____ City _____ State _____ Zip _____ Phone# _____
Describe in detail your duties and responsibilities _____

Reason for leaving _____

Employer _____
Begin Date _____ End Date _____ May we contact your employer? _____
Address _____ City _____ State _____ Zip _____ Phone# _____
Describe in detail your duties and responsibilities _____

Reason for leaving _____



Simon & Simon Services, LLC

Simon & Simon Services

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Toll-Free 1-888-793-9311

Fax 888.308.9237

Email: info@simonandsimonservices.com

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REFERENCES

List names of persons not related to you, whom you have known at least one year.

Name _____ Address _____ City _____ State _____ Zip _____
 Relationship _____ Phone # _____ Number of Years Known _____
 May we contact this person as a reference on your behalf? _____

Name _____ Address _____ City _____ State _____ Zip _____
 Relationship _____ Phone # _____ Number of Years Known _____
 May we contact this person as a reference on your behalf? _____

Name _____ Address _____ City _____ State _____ Zip _____
 Relationship _____ Phone # _____ Number of Years Known _____
 May we contact this person as a reference on your behalf? _____

GENERAL INFORMATION

Please briefly explain why you want to work for ParaBasic Ambulance Service.

In the event that you may be hired, please provide us with your UNIFORM SIZE(s)

SHIRT SIZE _____ **TROUSER** _____

Print Name _____ Social Security Number _____

Signature of Applicant

Date

SIMON & SIMON SERVICES, LLC

Authorization & Release Form

I authorize investigation of all statements contained in my application. I understand that misrepresentation, omission of facts, or falsified statements on this application shall be grounds for dismissal/termination at any time without previous notice. I authorize the investigation of all matters contained in the application and hereby give **Simon & Simon Services, LLC**, permission to contact schools, previous employers (unless otherwise indicated), references, and any other reference, resource or organization and hereby release **Simon & Simon Services, LLC** from any liability as a result of such contact. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that final acceptance of employment will be contingent upon my passing a post-employment physical examination and I agree to such future examinations as may be required by **Simon & Simon Services, LLC**. I am aware that **Simon & Simon Services, LLC** requires screening for drug use as part of employment physical examination and future examinations may be required. I also understand that **Simon & Simon Services, LLC** requires motor vehicle reports provided by the NCDMV. I also understand I am required to undergo a physical examination required by **Simon & Simon Services, LLC**, its Contractors or Sub-Contractors and the US Department of Transportation. I authorize a company representative from **Simon & Simon Services, LLC** to review and/or conduct the following for employment purposes. I agree to hold any source of information blameless for any error in reporting of this information.

- Criminal Background Checks
- Pre-employment, random or post accident drug testing
- Motor Vehicle Reports
- Physical Examination

I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. I clearly understand that, although, **Simon & Simon Services, LLC** makes every endeavor to provide steady, continuous work, it has no employment contract and cannot guarantee the permanence of any position. My job tenure can be affected by, but is not limited to, such factors as business/economic conditions, changes in laws or **Simon & Simon Services, LLC** policies, conformity to its work rules, job performances, etc.; and of course, I may elect to leave on my accord to seek or obtain jobs in other fields or with other employers. Thus, I am free to resign anytime. Similarly, **Simon & Simon Services, LLC** is free to conclude an employment relationship at any time for any reason. While we hope our relationship will be long and mutually beneficial, it should be recognized that neither you nor **Simon & Simon Services, LLC** has entered into any contract of employment for any specific period of time, expressed or implied. Our relationship is one of employment at will and I understand that **Simon & Simon Services, LLC** guarantees no terms, policies, procedures, or rules of employment.

By signing below I understand that the terms and statements set forth in this notice are not and shall not be considered as a contract. I acknowledge that this notice has been reviewed with me and I understand the contents and statements contained herein.

Print Name

Social Security Number

Signature of Applicant

Date

**DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS & INVESTIGATIONS**
(Important: Please read carefully before signing.)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Simon & Simon Services, LLC may conduct a background investigation as part of its screening and hiring process. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, credit history, credit header data, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. The primary objective of any investigation will be to verify information you provided on your application in connection with your application for employment or continued employment with Simon & Simon Services, LLC. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company, to the extent permitted by law. If you submit a timely written request to our personnel department, we will provide you with the name, address and phone number of the consumer reporting agency and the nature and scope of any investigative consumer report (if one is ordered). Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by a Simon & Simon Services, LLC contractor or sub-contractor, or any other outside organization.

SUMMARY OF YOUR RIGHTS UNDER THE FCRA

The FCRA (Fair Credit Reporting Act) requires that we inform you that a background investigation may be conducted as part of the screening and hiring process. In the course of this screening process before any adverse action is taken, you will be provided a copy of the report and a comprehensive summary of your rights under the FCRA, as well as additional information on your rights under the <http://www.ftc.gov/os/statutes/fcrajump.shtm>.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Simon & Simon Services, LLC at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school, or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Simon & Simon Services, LLC, its contractor's and sub-contractor's, and/or their agents. A photocopy of this document may be substituted for the original.

I affirm that the information provided on the attached forms are true and accurate to the best of my knowledge.

Printed Full Name of Applicant _____
First *Middle* *Last*

Signature Of Applicant _____ Date ____/____/____