

# WADLEY'S EMS, INC.

PO Box 997 \* 400 W. Washington  
Purcell, Oklahoma 73080

Janie Wadley, President

(405) 527-5555

Jackie Wadley, Vice President

## Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political or personal beliefs, sexual orientation, or disability that does not prohibit performance of essential job functions.

Date: \_\_\_\_\_

### I. Personal Information

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address (If different than above) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's licenses, birth certificate, Green card, etc.) within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

POSITION APPLIED FOR: \_\_\_\_\_

1) Is there any information we would need about your name, or use of another name for us to be able to check your work record? Please specify:  
\_\_\_\_\_

2) Do you have any relatives who are presently (or have formerly been) employed by a Wadley's firm?  
\_\_\_\_\_

3) How were you referred to our firm? \_\_\_\_\_

4) Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

**II. Educational History**

	School Name/Location	Years Completed	Degree/Diploma
High School			
College			
Training			
Other			

**III. Certification Information**

*(List only current certifications - photocopies required at interview)*

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT/EMT-I/EMT-P (Circle One)			
National Registry			
PALS			
ACLS			
BTLS			
EMS			
CDL			
Other: _____			

**IV. Employment Record**

1) \_\_\_\_\_  
 Company Name (current or most recent) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Manager/Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Position Held \_\_\_\_\_  
 Dates Employed \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Phone \_\_\_\_\_ Wages/Salary \_\_\_\_\_

2) \_\_\_\_\_  
 Company Name (current or most recent) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Manager/Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Position Held \_\_\_\_\_  
 Dates Employed \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Phone \_\_\_\_\_ Wages/Salary \_\_\_\_\_

3)

Company Name (current or most recent)	Position Held
Address	Dates Employed _____ From _____ To _____
Manager/Supervisor	Phone _____ Wages/Salary _____
Reason for Leaving	

4)

Company Name (current or most recent)	Position Held
Address	Dates Employed _____ From _____ To _____
Manager/Supervisor	Phone _____ Wages/Salary _____
Reason for Leaving	

**NOTE:** Please list any employers you do not want us to contact and your reason for the exclusion:

Employer	Reason
Employer	Reason

**V. References** (Please do not include relatives or former employers.)

1)

Name	Years Known
Address	Phone
Occupation	

2)

Name	Years Known
Address	Phone
Occupation	

3)

Name	Years Known
Address	Phone
Occupation	

**VI. Work Availability**

- 1) If your application receives favorable consideration, when will you be available to begin work? \_\_\_\_\_
- 2) Shift you are applying for? ( ) Day ( ) Evening ( ) Night ( ) Other \_\_\_\_\_
- 3) Do you have experience in the field you are applying for? ( ) Yes ( ) No
- 4) Which are you wanting? ( ) Full Time ( ) Part Time
- 5) Can you work weekends? ( ) Yes ( ) No
- 6) Do you have adequate transportation to and from work? ( ) Yes ( ) No
- 7) If you have small children, do you have sitter arrangements? ( ) Yes ( ) No

**VII. Salary/Hourly Rate Requested**

If your application receives favorable consideration, what salary/hourly rate would you require?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

**VIII. Certification of Information**

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's Administrative staff, and then only in writing and signed by one of them, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

It is further understood that if I am hired, it will be as temporary employee until my criminal background check is received by the employer. If I have no criminal record in accordance with state law, I may be considered for employment, subject to all requirements of the job for which I am applying being met.

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Applicant's Signature

**DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)**

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_

Neatness \_\_\_\_\_ Ability \_\_\_\_\_  
Hire Date: \_\_\_\_\_ ( ) Full Time \_\_\_\_\_  
Hired: ( ) YES ( ) NO Position \_\_\_\_\_ ( ) Part Time Salary/Wage \_\_\_\_\_ Date scheduled to begin \_\_\_\_\_

**"Dedicated to Saving Lives..."**

**Authorization for Reference Checks, Criminal History and Drug and Alcohol Testing**

I have applied for employment/membership with the Wadley's EMS, Inc. As a part of the application process, I understand that Wadley's EMS, Inc. will conduct a background and reference check which may include a review of public records, criminal history check, and inquires of my former employers and references which I have provided regarding my qualifications and suitability for membership, as well as verification of any information I have provided in my application.

As a part of this inquiry, I understand that Wadley's EMS, Inc. will obtain a report of criminal history information and driver's license history, from applicable law enforcement agencies, or, in some cases, the FBI, and that applicable state law may prohibit the employment of persons convicted of certain crimes. I also understand that the application process includes a physical exam and could include a Drug and Alcohol test, which may also be conducted at various times throughout my employment.

**Personal Information for OSBI Check:**

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden or any other) Social Security Number

Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip) Daytime Phone Number

Date of Birth: \_\_\_\_\_ Sex: ( ) Male ( ) Female Race: \_\_\_\_\_

**Criminal Arrest Check List**

Employment with Wadley's EMS, Inc. shall not be considered if the below signed individual has been convicted of one of the following crimes:

- A. Assault, battery or Assault and battery with a dangerous weapon.
- B. Aggravated assault and battery.
- C. Murder or attempted murder.
- D. Manslaughter except involuntary manslaughter.
- E. Rape, incest or sodomy.
- F. Indecent exposure and indecent exhibition.
- G. Pandering.
- H. Child abuse.
- I. Petit larceny or shoplifting within the past seven (7) years.
- J. Grand Larceny
- K. Abuse, neglect or financial exploitation of any person entrusted to his/her care or possession.
- L. Burglary in the first or second degree.
- M. Robbery in the first or second degree.
- N. Robbery or attempted robbery with a dangerous weapon, or imitation firearm.
- O. Arson in the first or second degree.
- P. Unlawful possession or distribution, or intent or distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substance Act.

I hereby give my permission to any of my listed references to release to Wadley's EMS, Inc. any information regarding my work and volunteer experience, including, but not limited to performance of expected duties and disciplinary information, to Wadley's EMS, Inc.

I hereby authorize Wadley's EMS, Inc. to conduct this background and reference check, health screening and possible Drug and Alcohol screen as part of the application process, and I release from liability Wadley's EMS, Inc. and its representatives for seeking, gathering, and using such information. I also release any individual or entity from any liability whatsoever for providing Wadley's EMS, Inc. with any information concerning my qualifications and suitability for employment or membership, including the former employers and personal references I have identified on the application.

I authorize Wadley's EMS, Inc. to send a copy of this authorization to my listed references or anyone else contacted by the Company to provide information about me. I understand that this notice will also apply to any future updated reports that may be requested.

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

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