NAME: Click or tap here to enter text.

ARE YOU OVER 18 YEARS OF AGE: Choose an item.

ADDRESS (include city, state, and zip code):Click or tap here to enter text.

E-MAIL ADDRESS:Click or tap here to enter text.

LAST PREVIOUS ADDRESS:Click or tap here to enter text.

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:Click or tap here to enter text.

PHONE NUMBER OF EMERGENCY CONTACT:Click or tap here to enter text.

DRIVERS LICENSE NO.:Click or tap here to enter text.

PRESENT EMPLOYER(name, address, phone number):Click or tap here to enter text.

CURRENT SUPERVISOR:Click or tap here to enter text.

HOURS CURRENTLY WORKING PER WEEK:Click or tap here to enter text.

YEARS IN EMS(list levels in each year):Click or tap here to enter text.

WITH THIS APPLICATION PLEASE INCLUDE THE FOLLOWING:

SIGNED BACKGROUND CHECK FORM, COPY OF EMS LICENSE, CPR CARS, TRAUMA CERTIFICATIONS, PEDIATRIC CERTIFICATIONS, RESUME, AND ANY OTHER CERTIFICATIONS ASSOCIATED WITH EMS.

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SIGNATURE OF APPLICANT

DATE: Click or tap to enter a date.

BACKGROUND AND REFERENCE CHECK AUTHORIZATION FORM

Applicant’s name (please print) Click or tap here to enter text.

I have applied for employment at Twin Township Ambulance, or I am a vendor, contractor or other person or entity seeking to enter into a business relationship with Twin Township Ambulance. As part of the Twin Township Ambulance application or screening process, I understand that Twin Township Ambulance will conduct a background and reference check, which will include a review of public records, my criminal history, and inquires of my former employers, and organizations to which I belong, and the references which I have provided regarding my qualifications for employment or membership.

If I am applying for a position involving the organization’s finances, billing or other related activities then I also expressly agree to permit a check of my credit history.

I hereby authorize Twin Township Ambulance to conduct this background and reference check as part of my application or contracting process. Further, on behalf of myself and my heirs, assignees, and personal representatives, I hereby release and forever discharge Twin Township Ambulance, and its employees, agents and contractors, from any and all causes of action, liability, claim, loss, cost, or expense, and promise not to sue on any such claims against any such person or organization, arising directly or indirectly from or attributable in any legal way to this background check. I also hereby release and forever discharge any individual, agency or organization providing any information about me to Twin Township Ambulance, for any and all cause of action, liability, claim, loss, cost or expense whatsoever related to the furnishing of such information.

Applicants Full Legal Name:Click or tap here to enter text.

Date of Birth: Click or tap to enter a date.

Sex: Choose an item. Race: Choose an item.

Applicant’s Signature: Click or tap here to enter text.

(BY ENTERING YOUR NAME ABOVE IN THE SIGNATURE BLOCK YOU AGREE TO ALL THE TERMS OF A BACKGROUND CHECK AND ADMIT THAT THIS IS YOUR INFORMATION AND NONE OF THE INFORMATION PROVIDED IS FALSE)

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_