



Employment Application

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. This application must be completed in its entirety and it must be either typed or hand printed in ink. If any specific information that is requested on this application does not apply to you, mark that area as N/A. **Incomplete and/or illegible applications and, applications without required attachments will not be considered.** Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for termination of the application process or if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. Additional test for the presence of alcohol and illegal drugs in your body will be required prior to employment. Clean Background Check and Driving Record will be required prior to employment.

PERSONAL INFORMATION

TODAY'S DATE _____ SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ AGE _____ SEX MALE FEMALE

NAME _____
Last First Middle Maiden

CURRENT ADDRESS _____
Street City State Zip

HOW LONG AT CURRENT ADDRESS? _____

PREVIOUS ADDRESS _____
Street City State Zip

HOW LONG AT PREVIOUS ADDRESS? _____

PHONE _____ ALTERNATE PHONE _____

EMAIL _____

EMERGENCY CONTACT _____
Name Phone Relationship

DRIVER'S LICENSE # _____ STATE ISSUE _____ EXP DATE _____

MAKE, MODEL & YEAR OF VEHICLE _____

AUTO INSURANCE COMPANY _____ POLICY # _____

AUTO INSURANCE AGENT _____ PHONE # _____

POSITION APPLYING

___ FULL TIME ___ PART TIME OTHER _____

___ DAYS ___ NIGHTS OTHER _____

___ PARAMEDIC ___ EMT ___ OFFICE/ADMINISTRATION ___ DISPATCH

___ OTHER _____

SECURITY

___ YES ___ NO Have you ever used any names or Social Security Numbers other than those on this application? If so, please list.

___ YES ___ NO Have you ever been convicted of a felony and/or served time? If so, explain.

___ YES ___ NO Have you been cited for, convicted of, and pleaded guilty or no contest to any moving motor vehicle violation within the last 36 months? If yes, explain.

___ YES ___ NO Have you been cited for, convicted of, and pleaded guilty or no contest to: driving under the influence or driving while ability impaired, and/or careless or reckless driving within the past 5 years? If Yes, explain.

___ YES ___ NO Have you ever had your drivers' license revoked or suspended? If yes, explain.

___ YES ___ NO Have you ever had any medical related certification or license withdrawn or revoked? If yes, explain.

___ YES ___ NO Have you been cited for, convicted of, and pleaded guilty or no contest to: driving under the influence or driving while ability impaired, and/or careless or reckless driving within the past 5 years? If yes, explain.

EDUCATION

	NAME	CITY, STATE	MAJOR	# OF YRS ATTENDED	GRADUATE Y/N?
HIGH SCHOOL					
VOCATIONAL					
COLLEGE					
OTHER					

HONORS AND RECOGNITION: _____

SPECIAL SKILLS AND QUALIFICATIONS _____

EXTRA CURRICULAR ACTIVITIES _____

EMS HONORS & RECOGNITION RECEIVED _____

IMMUNIZATIONS

HBV Series:

First Date: ____/____/____ Second Date: ____/____/____ Third Date: ____/____/____

By: _____ By: _____ By: _____

LAST TB TEST: DATE: ____/____/____ BY: _____ RESULT _____

CERTIFICATIONS

Copies of all certifications, licenses, and other course competition records documented in this section must be attached to this application.

TYPE	CERTIFICATION NUMBER	EXPIRE	TYPE	CERTIFICATION NUMBER	TYPE
PARAMEDIC (STATE OF CO)			ACLS		
EMT (STATE OF CO)			PALS		
OTHER (STATE OF CO)			NALS		
CPR			PHTLS/ITLS		
EVOC			HAZMAT		
NREMT			ICS 100		

EMPLOYMENT REFERENCES

NAME _____ ADDRESS _____
PHONE _____ DATES _____ -- _____
SUPERVISOR'S NAME _____ PHONE _____
MAY WE CONTACT THEM? _____ ANNUAL SALARY START _____ END _____
POSITION _____ DUTIES _____
REASON FOR LEAVING _____

NAME _____ ADDRESS _____
PHONE _____ DATES _____ -- _____
SUPERVISOR'S NAME _____ PHONE _____
MAY WE CONTACT THEM? _____ ANNUAL SALARY START _____ END _____
POSITION _____ DUTIES _____
REASON FOR LEAVING _____

NAME _____ ADDRESS _____
PHONE _____ DATES _____ -- _____
SUPERVISOR'S NAME _____ PHONE _____
MAY WE CONTACT THEM? _____ ANNUAL SALARY START _____ END _____
POSITION _____ DUTIES _____
REASON FOR LEAVING _____

PERSONAL REFERENCES

Please provide the following information about three people not related to you and not living with you.

NAME _____ NUMBER OF YEARS KNOWN _____
ADDRESS _____ CITY _____ STATE _____
PHONE _____ EMAIL _____

NAME _____ NUMBER OF YEARS KNOWN _____

ADDRESS _____ CITY _____ STATE _____

PHONE _____ EMAIL _____

NAME _____ NUMBER OF YEARS KNOWN _____

ADDRESS _____ CITY _____ STATE _____

PHONE _____ EMAIL _____

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents including consumer reporting bureaus, to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs, the use of alcohol or tobacco products is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of drugs or alcohol prior to and during employment.

Signature

Date



Please answer and initial the following:

- If selected for employment by RMMM, we will perform upon hire, and at least once annually thereafter, a driving record check in Colorado and any other state necessary. RMMM will obtain copies of any reports and may condition employment on the information contained in such reports. Do you consent to such checks?

___ Yes ___ No Initials: _____

- If selected for employment by RMMM, we will perform a criminal history background check. RMMM will obtain copies of any reports and may condition employment on the information contained in such reports. Do you consent to such checks?

___ Yes ___ No Initials: _____

- If you are offered a job, prior to reporting to work, you may be required to successfully complete a medical examination based on criteria that are necessary to performing the essential job functions for the position for which you are applying. Do you consent to such medical examination?

___ Yes ___ No Initials: _____

- If you are offered a job, do you consent to a mandatory blood or urine test to detect the presence of drugs?

___ Yes ___ No Initials: _____



I have read and understand the policies regarding the Colorado Anti-Discrimination Laws.

Signature: _____

Date: _____



Equal Employment Opportunity

Rocky Mountain Mobile Medical (RMMM) is committed to recruiting, hiring, developing, compensating, and promoting the best-qualified individuals for positions at all levels within our company. We will maintain our unequivocal commitment and support of equal employment opportunity for all individuals free from discrimination based on gender, race, color, religion, national origin, ancestry, age, physical or mental disability, medical condition, pregnancy, marital status, or any other prohibited biases in accordance with all applicable federal, state or local laws.

RMMM will take action to ensure that all employment practices such as advertising, recruitment, hiring, promoting, RMMM sponsored training and educational assistance, transfer, layoff, return from layoff, termination, compensation and benefits, and social and recreational programs are free of discrimination or harassment with regard to class categories protected by Equal Employment Opportunity laws, directives, and regulations of federal, state, and local governing bodies.

Every manager and Supervisor is responsible for ensuring that the spirit and intent of our collective goals, such as Equal Employment Opportunity policies, are achieved. Team employees share the responsibility of treating co-workers and all other individuals with dignity and respect so that we may all achieve these very important goals.

This statement simply reaffirms our dedication to the principles of Equal Employment Opportunity as well as the expectation that all employees will lend their full support to furthering our mutual success through implementation of these principles.



Background Investigations

Rocky Mountain Mobile Medical (RMMM) performs background checks on its employees. These background checks may include driver history checks, criminal background investigations, drug screenings, and any additional reference or history checks required by RMMM. All prospective employees must pass criminal background investigations, driver history checks, and pre-employment reference checks before official employee placement. In addition, the employee must understand that RMMM reserves the right to conduct annual and/or periodic background investigations at any time, with or without notice, and continued employment is contingent upon successful passing of these checks as determined by RMMM. Failure to successfully pass these annual/periodic background checks may result in corrective action up to and including termination.

All of the aforementioned reports are the property of RMMM, treated as confidential information, and filed in the employee's personnel file.



Drug, Alcohol and Tobacco Policy

Employees and Rocky Mountain Mobile Medical (RMMM) have a mutual obligation to ensure a safe and healthy work environment to ensure that the work place is free of employees whose job performance may be impaired by the use of drugs and/or alcohol.

RMMM has a zero drug tolerance policy. No employee may use, possess, distribute, sell, or be under the influence of alcohol, illegal drugs or tobacco products while on duty, operating RMMM equipment, on RMMM property, and/or while conducting business related activities off premises. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger the individuals or patients in the workplace.

Alcohol and drug testing will be conducted for "cause" including but not limited to any vehicle accident involving an UPRAD vehicle, any complaint or report of inappropriate actions, or at any other time when there is a reasonable suspected use of alcohol or drugs by a employee. However, RMMM reserves the right to conduct alcohol and drug testing for pre-employment screening and randomly as a condition for continued employment.

Violations of this policy may lead to corrective action up to and including immediate termination of employment. Such violations may also have legal consequences for that individual employee.



Background and Reference Check Authorization Form

Applicant's Name (please print): _____

I have applied for employment/membership with Rocky Mountain Mobile Medical (RMMM), or I am a vendor, contractor or other person or entity seeking to enter into a business relationship with RMMM. As part of the RMMM application or screening process, I understand that RMMM will conduct a background and reference check, which will include a review of public records, my criminal history, and inquiries 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 RMMM 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 RMMM, 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 RMMM, from any and all causes of action, liability, claim, loss, cost or expense whatsoever related to the furnishing of such information.

Applicant's Signature

Date