

**POLK  
COUNTY  
888-930-0911**



**HILLSBOROUGH  
COUNTY  
813-930-0911**

FAX (813)628-5714

Dear Applicant;

Thank you for showing interest in AmeriCare Ambulance service. There are several steps that need to be completed during your application process. You'll need to complete a full application. If you do not currently have a Florida State Paramedic license, a Emergency Medical Technician license, or First Responder certificate's your need to obtain one before you can apply.

Once you have met the minimum requirements we will make an appointment for your interview in which your availability and your ability to fulfill to fill your job description will be determined.

Enclosed you'll find a complete application which includes background and passed employment release forms. All the forms must be completed and signed along with copies of the following items which pertained to the job your applying for :

- ◇ Florida state paramedic license
- ◇ Florida state emergency medical technician license
- ◇ Florida state first responder certificate
- ◇ ACLS card
- ◇ PALS card
- ◇ CPR Card
- ◇ Florida state driver's license
- ◇ Social Security card

If you have any questions concerning any of the application requirements contact:

Joseph McNulty at [j.mcnulty@americare.net](mailto:j.mcnulty@americare.net)

All applications will be kept on file for one year from the date of application.

Sincerely

The AmeriCare and Ambulance Management Staff

**POLK  
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**HILLSBOROUGH  
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Verification of Employment

I understand that all statements made by me in connection with my application for employment may be checked by AmeriCare Ambulance, and I authorize AmeriCare Ambulance to contact my prior employers, including each of those employers listed on paragraph number one on the application form. I also authorize each such employer to answer any and all questions regarding my prior employment. I hereby indemnify AmeriCare Ambulance and each of my prior employers listed in paragraph number one on my application and I agree to hold them harmless from any claims arising from this authorization. [I authorize AmeriCare Ambulance to make whatever inquiries it considers appropriate concerning the information provided, including a check of my information available from credit bureaus except credit standing. I release AmeriCare Ambulance and any person, company or institution that provides AmeriCare Ambulance, information from any and all liability for any damages that may result from the investigation or the use or disclosure of such information

Applicant's Name (Print) \_\_\_\_\_ DATE \_\_\_\_\_

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

Contact Number \_\_\_\_\_

Department Manager \_\_\_\_\_

**AmeriCare Ambulance      Employment Application**

NAME \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**LEVEL OF TRAINING**

PARAMEDIC

EMT

FIRST RESPONDER

REQUIRED ATTACHMENTS: (PHOTO COPIES IF APPLICABLE)

- EMT/PARAMEDIC FLORIDA STATE CERTIFICATION
- FIRST AID CARD (FIRST RESPONDERS ONLY)
- ACLS (PARAMEDICS ONLY)
- FLORIDA STATE DRIVER LICENSE (CLASS D WITH "E" ENDORSEMENT)
- CPR CARD
- SOCIAL SECURITY CARD

1. List all jobs you have held in the last 5 years with your present or most recent job first. Include Military Service, temporary, or part-time jobs in the proper time sequence. Use an additional sheet if necessary.

DATE: \_\_\_\_\_ TO \_\_\_\_\_

**COMPANY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

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DATE: \_\_\_\_\_ TO \_\_\_\_\_

**COMPANY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_ TO \_\_\_\_\_

**COMPANY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you willing to have your present employer contacted in reference to your qualification?

YES  NO

3. Were you ever discharged or force to resign because of misconduct or unsatisfactory service?

YES  NO

4. Have you ever filed a claim for Workers' Compensation?

YES  NO

5. Do you have any relative(s) or members of your household now working for AmeriCare?

YES  NO

6. Do you know of anything that would disqualify you from employment or prevent your full discharge of official duties?

YES  NO

7. List address for the last 5 years, current address line 1 (include city, state, zip code)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

8. List below three persons who are not related to you, and who would have knowledge of your qualifications for the position for which you are applying. Former co-workers, teachers, etc., do not repeat names of supervisors listed on the previous page.

Name & Occupation Phone #

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

9. Place of Birth: \_\_\_\_\_

10. Are you a citizen of the United States?

YES  NO

11. Dependents: Name & Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

12. Check the highest grade completed    9    10    11    12

Date of high school graduation: \_\_\_\_\_

Check the number of college years completed    1    2    3    4

Name of College: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

COURSE: \_\_\_\_\_

Other schools (business, technical, correspondence, etc). Give names, address, course, date completed

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

13. Specify any language other than English, which you read, write or speak.

\_\_\_\_\_

14 Have you ever served in a military organization?

YES     NO

15. Are you now, or were you ever, an active or inactive member of any branch of the United States Reserve Forces?

YES     NO

16. Are you now, or were you ever, a member of the National Guard?

YES     NO

If yes, to questions 15, 16, 17 give details:

Branch of Service: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Rank: \_\_\_\_\_

Method of separation (retirement, type of discharge) and rank at times of separation.

\_\_\_\_\_

\_\_\_\_\_

17. Have you ever been convicted of an offense against the law, or are you now under charges for any offense against the law?

18 Have you ever been fingerprinted other than for arrest?

YES  NO

19 Has your license ever been revoked or suspended?

YES  NO

20. Have you ever been refused an operator's license by any state?

YES  NO

21. Have you ever been involved in a motor vehicle accident in which you were at fault?

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22. List any other occupational license or certificates you may possess.

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## Drug Free Workplace

If employed, I agree to conform to the rules and regulations of AmeriCare Ambulance Service, Inc., and I understand that as a condition of my employment and continued employment, I will be required to submit to, and voluntarily agree to submit to any testing of blood, urine, and/or hair samples for the presence of drugs and/or alcohol.

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Applicant's Name (print)

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Date

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Applicants Signature



I, \_\_\_\_\_ am applying for a position with AmeriCare Ambulance Service, an organization that operates 365 days a year 24 hours a day. I understand that I am entering a work force that provides emergency service to the public. I will work any schedule that is afforded to me provided by AmeriCare Ambulance Service due to my seniority with the company. As an employee of AmeriCare Ambulance Service I understand that may be called upon to work overtime as needed. As a new Employee my schedule is subject to change with or without notice. By accepting employment I agree to abide by all established company policies and procedures. By signing this document I agree that I have read and understand the content of this letter.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

If available for any schedule all 7 days of the week initial here: \_\_\_\_\_

Please indicate the days of the week you are NOT available (list reasons):

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Do you have any **PRE-SCHEDULED** vacation(s)? \_\_\_\_\_ (please explain below)

Special Notes for Conflicts/Commitments/Vacations:

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X \_\_\_\_\_  
Applicant's Signature (This indicates that you agree this information is accurate, and will notify management of any scheduling modifications immediately.)

At your interview a fee of \$13 will be collected to run a 7 year driving record so that we can determine your driving status. Please make sure to bring payment when you are scheduled.



## Equal Employment Opportunity Form

### Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

### Voluntary Information

*This information is being requested in accordance with federal regulations. The information will not be used when considering you for employment.*

#### Racial or Ethnic Group

- American Indian/Alaskan     Asian/Pacific Islander     Black/African American  
 Hispanic/Latino     White/Caucasian     Other

#### Gender

- Female     Male

#### Military Service

- Pre-Vietnam Era     Vietnam Era  
 Post-Vietnam Era     Disabled Veteran

#### How did you hear about this position?

- Newspaper     Company Employee     Professional Publication  
 Job Fair     Placement Office     Web Site  
 Other \_\_\_\_\_