JOB APPLICATION

Vitalogy EMS LLC 724 Shadow Ln, Kalispell, Montana 59901 406-270-6955

Vitalogy EMS LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information		
Applicant Name:		
Address:		
City, State and Zip Code:		
Telephone Number:		
Email Address:		
Date of Application:		
Employment Position Position(s) applying for: EMT / Paramedic/ Other (Circle one)		
How did you hear about this position?		
What days are you available for work?		
What hours or shift are you available for work?		
If needed, are you available to work overtime?		
On what date can you start working if you are hired?		
Personal Information		
Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No
What document can you provide as proof of citizenship or legal status?	?	
Will you consent to a mandatory controlled substance test?	Yes	No
Do you have any condition which would require job accommodations?	Yes	No
If yes, please describe accommodations required below.		
Have you ever been convicted of a criminal offense (felony or misdeme	eanor)? Yes	No

If yes, please state the na	ature of the crime(s), when and	where convicted and o	disposition of the case:
			
The date of the offense, description of the event,	denied employment solely on the nature of the offense, in and the surrounding circumsta , however, be considered.)	ncluding any significar	nt details that affect the
Job Skills/Qualification Please list below the skills	<u>s</u> and qualifications you possess	s for the position for wh	ich you are applying:
that may be necessary for	complies with the ADA and con eligible applicants/employees ill/agility and may be subject to	to perform essential fui	nctions. It is possible that
High School			
Name	Location (City, State)	Year Graduated	Degree Earned
College/University			
Name	Location (City, State)	Year Graduated_	Degree Earned
Vocational School/Speci	alized Training		
Name	Location (City, State)	Year Graduated	Degree Earned
Military:			
Are you a member of the	Armed Services?		
What branch of the militar	ry did you enlist?		
What was your military ra	nk when discharged?		
How many years did you	serve in the military?		
What military skills do you	u possess that would be an ass	set for this position?	

Employer Name:					
Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:					
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:					
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving: References Please provide 3 personal and profes	esional reference	e(s) helow:			
Reference	Solonai referenc	Contact Information			
<u>Additional Information:</u> Please attach copies of your NREMT certification, Montana State EMS license, and CPR provider card.					
What states have you ever worked EMS in prior? Has your EMS license ever been suspended or revoked? If so, when and in what state?					

Do you currently work for any other EMS agency or medical center?			
In the past five years have you been convicted of a DUI, careless driving	g or reckless driving offense?		
AT-WILL EMPLOYMENT The relationship between you and the Vitalogy EMS LLC is referred to means that your employment can be terminated at any time for any reasor without notice, by you or the Vitalogy EMS LLC. No representa authority to enter into any agreement contrary to the foregoing "employunderstand that your employment is "at will," and that you acknow	son, with or without cause, with tive of Vitalogy EMS LLC has yment at will" relationship. You yledge that no oral or written		
statements or representations regarding your employment can alter y except for a written statement signed by you and either our Executive \ Officer or the Company's President.	/ice-President/Chief Operations		
Applicant Signature: Date	ed:		