

# Employment Application

**MEMS IS AN EQUAL OPPORTUNITY EMPLOYER**

# MEMS

Metropolitan Emergency Medical Services  
1101 West 8th Street  
Little Rock, AR 72201 - (501) 301-1400



- PLEASE PRINT -

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

## PERSONAL INFORMATION

Last Name

First Name

Middle Name

Mailing Address

Home Phone ( ) - \_\_\_\_\_

Social Security Number

Work Phone ( ) - \_\_\_\_\_

Cell Phone ( ) - \_\_\_\_\_

Message Phone ( ) - \_\_\_\_\_

Date Available to Begin Work: \_\_\_\_\_

Salary Expected: \_\_\_\_\_

Type of Employment Desired:  Full Time

Part Time

Temporary

Have you ever worked for MEMS in the past?

No

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

Do you have a relative currently working for MEMS?

No

Yes Name: \_\_\_\_\_

## EDUCATIONAL HISTORY

Name of School	Degree or Major	Years Attended	Graduate (Yes/No)

Please specify any additional information you feel may be helpful to MEMS while considering your application:

## WORK HISTORY

Specify your work history listing the most recent position you've held, continuing in reverse chronological order

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Employer Name	Position or Title
Employer Address	Supervisor Name
Employment Dates	Employer Phone
Starting <span style="float: right;">Ending</span>	Summary of Duties <span style="float: right;">(May be omitted if resume is attached)</span>
Salary	
Starting <span style="float: right;">Ending</span>	Reason for Leaving

Employer Name	Position or Title
Employer Address	Supervisor Name
Employment Dates	Supervisor Phone
Starting <span style="float: right;">Ending</span>	Summary of Duties <span style="float: right;">(May be omitted if resume is attached)</span>
Salary	
Starting <span style="float: right;">Ending</span>	Reason for Leaving

Employer Name	Position or Title
Employer Address	Supervisor Name
Employment Dates	Supervisor Phone
Starting <span style="float: right;">Ending</span>	Summary of Duties <span style="float: right;">(May be omitted if resume is attached)</span>
Salary	
Starting <span style="float: right;">Ending</span>	Reason for Leaving

Employer Name	Position or Title
Employer Address	Supervisor Name
Employment Dates	Supervisor Phone
Starting <span style="float: right;">Ending</span>	Summary of Duties <span style="float: right;">(May be omitted if resume is attached)</span>
Salary	
Starting <span style="float: right;">Ending</span>	Reason for Leaving

Please explain any gaps in employment history

**CONTACT AUTHORIZATION**

Can MEMS contact your present employer?  Yes  No  
Can MEMS contact your former employer(s)?  Yes  No

I authorize MEMS, or its agents to make inquiry of my employment history. Furthermore, I authorize persons, schools, my current employer (if authorized above) and previous employers named in this application and an accompanying resume, if any, to provide relevant information as may be requested by MEMS for the purpose of making an employment decision.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PRE-EMPLOYMENT CONDITIONS AND ACKNOWLEDGEMENT**

**VERY IMPORTANT - READ CAREFULLY BEFORE SIGNING**

I certify that the information I've provided in this application are true and complete to the best of my knowledge. I understand that intentional false statements could lead to my dismissal as an employee, or rejection as an applicant.

I understand that my employment relationship with MEMS is of an "at will" nature, which means that you may resign at any time for any reason and MEMS may terminate employment at any time for any reason. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct.

I understand that a drug test will be required prior to employment, and that any job offer is conditional on the results of the test. I understand that if employed in a safety sensitive position, random drug testing will be done. I further voluntarily agree to such tests.

I understand that conviction of a crime may disqualify me from employment, that disqualification depends upon the relationship of the crime to the position for which I am applying, and that MEMS will request a criminal background record following any job offer.

I understand that this application is current for 90 days. At the end of 90 days, if I have not heard from MEMS and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

.....  
Δ Detach Here Δ

**VOLUNTARY INFORMATION**

This section is used to collect information which may be used in the completion of various state and federal reports. It will not be used in the selection process, and will be removed from this application when completed.

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Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Birth Date \_\_\_\_\_

Today's Date \_\_\_\_\_

Please indicate any of the following that apply to you:

How did you learn of this employer?

- |   |                                       |                                 |
|---|---------------------------------------|---------------------------------|
| <input type="radio"/> Female              | <input type="radio"/> Asian           | <input type="radio"/> Friend    |
| <input type="radio"/> Male                | <input type="radio"/> American Indian | <input type="radio"/> Internet  |
| <input type="radio"/> Vietnam Era Veteran | <input type="radio"/> Black           | <input type="radio"/> Newspaper |
| <input type="radio"/> Disabled Veteran    | <input type="radio"/> Hispanic        | <input type="radio"/> Relative  |
| <input type="radio"/> Disabled Individual | <input type="radio"/> White           | <input type="radio"/> School    |
|   | <input type="radio"/> Other Ethnicity | <input type="radio"/> Other     |

**REQUIRED CERTIFICATIONS**

**This Section to be Completed by Paramedic and EMT Applicants Only**

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Required Credential	Expiration Date	Number
Arkansas EMS Provider	_____	_____
National EMS Registry	_____	_____
American Heart BLS Level C	_____	
American Heart ACLS (Paramedic Only)	_____	
American Heart PALS (Paramedic Only)	_____	

Please list any other applicable credentials you currently hold:

**DRIVING REQUIREMENTS**

**This Section to be Completed by ALL Applicants**

Drivers License Number \_\_\_\_\_ Due to vehicle insurance requirements, employees must be 19 years or older to operate company vehicles. Are you 19 years or older?  Yes  No

Issued in which State \_\_\_\_\_

Expiration Date \_\_\_\_\_

If you are offered employment by MEMS, you will be required to provide a driving history record accounting for the most recent 3 years. If your drivers license was issued in another state, you will be required to obtain an Arkansas drivers license within 30 days of employment.

**ADDITIONAL INFORMATION**

**This Section to be Completed by ALL Applicants**

All applicants must be able to lift 110 pounds. Applicants will be required to stoop, bend, crawl, carry, push, and pull objects or persons on a regular basis. Are you able to perform these duties?  Yes  No

Please indicate the shift(s) you are available to work: Note that hours and shifts will vary based on necessity, availability, or seniority. MEMS cannot and does not guarantee the availability of any particular shift.

- 12 Hour Shift - Days
- 14 Hour Shift - Days
- 24 Hour Shift - Days
- 12 Hour Shift - Nights
- 14 Hour Shift - Nights
- 24 Hour Shift - Nights

You must provide a photocopy of all credentiala and your drivers license before this application will be considered.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Reference Consent and Release**

**This Section to be Completed by ALL Applicants**

- PLEASE PRINT -

Full Name \_\_\_\_\_

Social Security # \_\_\_\_\_

I hereby give my consent to any prior employer, or current employer, permission to provide the information requested below to MEMS (Metropolitan Emergency Medical Systems)..

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Requested Instructions to Current or Former Employer**

The individual named above has applied for employment with MEMS. Please respond candidly to the requested items listed below, and return this document either through the U.S. mail system, or via fax machine. This "Consent and Release" form is intended to comply with Arkansas Act 1474 of 1999, an act to provide current or former business employers with protection for providing employment information about current or former employees to prospective employers.

Please return this document to: Human Resources Manager Phone 501-301-1414  
Metropolitan Emergency Medical Services Fax 501-301-1497  
PO Box 2452  
Little Rock, AR 72203-2452

**Items of Inquiry**

Starting and Ending Dates of Employment \_\_\_\_\_

Starting and Ending Pay Rates \_\_\_\_\_

Job Title or Duties \_\_\_\_\_

General Assessment of Last Performance Appraisal \_\_\_\_\_

Was Attendance History Acceptable (excluding FMLA)? \_\_\_\_\_

Results of Drug or Alcohol Test(s) Within the Last 12 Months \_\_\_\_\_

Was the applicant involved in any acts of violence, harrassment, or threatening behavior while employed at your organization? \_\_\_\_\_

For what reason did the applicant leave, or is leaving your organization? \_\_\_\_\_

Was the applicant's separation from you organization voluntary? \_\_\_\_\_

Is the applicant eligible for future employment at your organization? \_\_\_\_\_

Name of person providing the above information

Title of person providing the above information

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Please Print

Date \_\_\_\_\_