Employment Application

Healthcare Innovations is an Accredited equal opportunity employer. No questions on this application are asked for the purpose of limiting or excluding any applicant's consideration for employment because of race, color, religion, age, sex, national origin, disability, or any other characteristics protected by federal or state laws.

Personal Information:

Last Name First Name M.I. Maiden Name(s) / Aliases

Current Address City State Zip Code

Social Security Number Drivers' License Number/State E-mail Address

Primary Phone Number Secondary Phone Number

Position Applying For: *(check all that apply)*

☐ CEP ☐ EMT ☐ Other (Please List)_____

☐ Full Time ☐ Part Time

Are you 21 years of age or older? Yes ☐ No ☐

Are you legally allowed to work in the United States? Yes ☐ No ☐

Are you able to work *(check all that may apply):* Days ☐ Evenings ☐ Nights ☐

Weekends ☐ 12-Hour Shifts ☐ Rotating Shifts ☐ Overtime: ☐ Holidays ☐

Have you ever been convicted of a felony or criminal misdemeanor? Yes ☐ No ☐

If 'Yes', please explain: _____

Have you ever been employed by Healthcare Innovations? Yes ☐ No ☐

If 'Yes,' provide reason(s) for leaving: _____

_____

EMS CERTS *(check all that apply)*

☐ CPR ☐ CPR INSTRUCTOR ☐ BTLS ☐ BTLS INSTRUCTOR

☐ ACLS ☐ ACLS INSTRUCTOR ☐ PALS ☐ PALS INSTRUCTOR

☐ PHTLS ☐ PHTLS INSTRUCTOR ☐ TOX MEDIC ☐ EMS INSTRUCTOR

☐ OTHER (Please List)_____

Employment History:

Please list all employers beginning with the most recent. Please provide as much detail as possible; and account for any periods of unemployment longer than three months. Attach additional pages (or use back) as necessary to account for at least the past five years of employment history.

1. _____ From: To: _____
Name of Employer Dates of Employment

_____
Street Address City State Zip Code

( )
_____
Phone Number Name of Contact Person

_____
Position Held Pay Rate Reason for Leaving

2. _____ From: To: _____
Name of Employer Dates of Employment

_____
Street Address City State Zip Code

( )
_____
Phone Number Name of Contact Person

_____
Position Held Pay Rate Reason for Leaving

3. _____ From: To: _____
Name of Employer Dates of Employment

_____
Street Address City State Zip Code

( )
_____
Phone Number Name of Contact Person

_____
Position Held Pay Rate Reason for Leaving

Emergency Services History:

Please list any additional emergency services agencies with which you have been affiliated. This should include volunteer and paid/career positions not listed on the previous page. Be sure to provide as much detail as possible regarding contact information for these agencies (complete mailing address and phone numbers). Attach additional pages if necessary or use back.

1. _____ From: To: _____
Name of Organization Dates of Affiliation/Employment

_____
Street Address City State Zip Code

( )
_____
Phone Number Name of Contact Person

_____
Position Held Pay Rate Reason for Leaving

2. _____ From: To: _____
Name of Organization Dates of Affiliation/Employment

_____
Street Address City State Zip Code

( )
_____
Phone Number Name of Contact Person

_____
Position Held Pay Rate Reason for Leaving

3. _____ From: To: _____
Name of Organization Dates of Affiliation/Employment

_____
Street Address City State Zip Code

( )
_____
Phone Number Name of Contact Person

_____
Position Held Pay Rate Reason for Leaving

Professional References:

Please list at least three professional references not related to you. Be sure to provide complete addresses and phone numbers.

1. _____
Name

_____
Street Address City State Zip Code

( )
_____
Phone Number

2. _____
Name

_____
Street Address City State Zip Code

( )
_____
Phone Number

3. _____
Name

_____
Street Address City State Zip Code

( )
_____
Phone Number

Have you ever been discharged, asked to resign, or resigned to avoid discharge from any position? Yes ☐ No ☐

If yes, please explain: _____

_____

Current level of certification: ALS ☐ BLS ☐ Certification #: _____

Month and year you began to function at your current level: _____

With what organization? _____

Please Read Very Carefully Before Signing

I, _____, certify that all the information provided in this employment application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment or may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and authorize any person, school, current employer (unless otherwise indicated below), past employer, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if an offer of employment is extended, it will be contingent upon me successfully passing a pre-placement physical examination, including a urine drug screen, to determine my ability to perform the essential functions of the position for which I have applied. I consent to the release of any or all medical information as may be deemed necessary to make this judgment. I understand that I must complete all required prerequisites; including a pre-hire written and clinical exam before being offered a clinical position with Healthcare Innovations.

I further understand that any offer of employment will also be contingent upon the results of a AZ Department Of Public Safety Criminal Background Check, a Child Abuse History Clearance and a review of my Motor Vehicle Record (separate forms will be utilized to obtain consent for these requests).

I understand that neither this application, any segment of the hiring process nor any subsequent offer of employment will constitute a contract of employment nor guarantee employment for any definite period of time. If hired, I understand that Healthcare Innovations maintains a policy of "Employment at Will" and that continued employment is based upon the mutual consent of employer and employee. Likewise, said employment may be terminated at any time by either the employer or the employee with or without notice.

My signature attests that I have read, understand, and agree to each of the above statements and conditions.

_____ _____

Signature of Applicant Date Signed

May we contact your current employer? Yes ☐ No ☐ I am not currently employed ☐

Submit Application