

Regional Air-Medical Services (RAMS)

APPLICATION FOR EMPLOYMENT

*****Application, one letter of recommendation, and resume is required in sealed envelope or all documents submitted online!**

Regional Air-Medical Services is an equal opportunity employer and will consider all applicants for all position equally without regard to their race, sex, age, color, religion, national origin, veteran status or disability which is not job-related. No question on this application is for the purpose of limiting or excluding an applicant's consideration for employment because of his/her race, color, religion, sex, national origin, veteran status, age, disability or any other condition protected by law.

This application will be given every consideration but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered and the applicant's signature has been provided on the last page.

Name _____ Today's Date _____

Contact Number(s) _____ (Home) _____ (Work)
_____ (Cell) _____ (Email Address)

Helicopter/Truck rider positions require by state law that you to lift 250 pounds with an assistant.

Are you aware of this requirement and is it within your ability? Yes No

EMPLOYMENT DESIRED:

Position applied for: _____

Are you seeking? Full-time Part-time

Have you applied to RPS before? Yes No Month _____ Year _____

Have you ever worked for this company before? Yes No

If yes, When and Where? _____

How did you learn of our company and/or position? _____

This job requires certain positions applied for (RN, Paramedic) be licensed with the State of Alabama. This job also requires Driver's License verification to operate company vehicles. (All Levels)

Driver's License State _____ DL # _____ Exp. Date _____ Currently Valid? Yes No

AL EMT/RN # _____

National Registry # _____

SPECIAL SKILLS

CREDENTIALLED AL STATE – RN/Medic: YES NO Advanced Certification (FP-C, CEN, CCRN, CFRN) YES NO

ACLS YES NO PALS / PEPP YES NO

BTLS YES NO ITLS YES NO

State Department of Public Health EMS Division requires a copy and verification of each licensure on file.

EDUCATION:

Name, Address and Location	Dates	Graduate Yes/No	Courses
High School		Diploma: Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		Diploma: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade School		Diploma: Yes <input type="checkbox"/> No <input type="checkbox"/>	

List and describe any Specialized Training

Have you ever served in the military? Yes No

Service Branch _____ Date Entered _____

Date Separated _____ Final Rank _____

Have you ever filed any type of fraudulent claim against any of your employers? Yes No

If yes, explain: _____

All employees are required to abide by the policies, procedures, and safety rules of the company.
Is this acceptable? Yes No

Have you ever been disciplined/terminated for violation of company safety rules or regulations? Yes No

If yes please explain: _____

This job requires you to be at work on time every day on a consistent basis. Is this acceptable? Yes No

Have you ever been convicted or pled guilty, no contest or nolo contendere to a criminal charge? Yes No

If yes, state the offenses, location, date and disposition.
Note: A Conviction will not necessarily disqualify you from employment.

SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous positions under another name, please give that name: _____

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Have you ever been fired or asked to resign from a job? Yes No If yes, please explain

This job requires employees to work on different schedules 24 hours a day, 7 days a week.

This job may require travel and overtime.

Is there anything that would limit your ability to travel or work overtime? Yes No

Use this space below to describe why you are interested in working for Regional Air Medical Service and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space please continue on a separate sheet.

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand if I am employed, any false, misleading or otherwise incorrect statements made on the application form or during interviews may be grounds for immediate discharge.

I hereby authorize Regional Air Medical Service to contact any company or individual it deems appropriate to investigate my employment history, check qualifications and I give my full and complete consent to their revealing any and all information they may wish as a result of this investigation. In addition I waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I understand that the taking of drug and alcohol test to be given pursuant to company policy are a condition of continual employment and interfering with or refusal to take such test when asked will be grounds for my immediate termination. I further understand that nobody in Regional Air-Medical Services is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the Chief Executive Officer of the company. I also understand that my employment is "at will" and may be terminated by myself or by Regional Paramedical Service at any time for any reason or no reason at all, with or without prior notice.

Signature of Applicant

Regional Air-Medical Services Reference Verification

Applicant Name _____ Social Security Number _____ Date of Birth _____

Home Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ ID / Pager _____

Business Reference (2 Past Employers)

(1) Company Name _____ Phone # _____

Supervisor _____ Date Employed _____ Left _____ /Presently

Hourly Wage _____ Your Job Title: _____ Your Duties: _____

Reason for Leaving: _____

(2) Company Name _____ Phone # _____

Supervisor _____ Date Employed _____ Left _____ /Presently

Hourly Wage _____ Your Job Title: _____ Your Duties: _____

Reason for Leaving: _____

Personal Reference (1)

(1) Name _____ Phone # _____

Friend Co-Worker Supervisor Other _____

License Verifications

AL DL # _____ Effective Date _____ Expiration Date _____

State of AL EMT # _____ AL RN # _____

ITLS CPR ACLS PALS BTLS (*will need a copy of all cards including SS for employee files*)

I verify that the above information is true and correct and that I give my permission to have my information above checked for employment. I also give my permission to have a criminal history/background checked for employment with this company. I understand that if I am found to have falsified any references, licenses, or have a relevant criminal history, I will be subject to disciplinary action; which could include termination.

Employee Signature _____

Date _____

Regional Air-Medical Services Investigation Consent

I, _____, hereby authorize Regional Air-Medical Services and/or its agents to make an independent investigation of my background, references, character, past employment, education, motor vehicle records, criminal or policy records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for employment, which may include Urine Substance Abuse Testing.

I release Regional Air-Medical Services and/or its agents and any person or entity, which provides information pursuant to this authorization form, any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

(print full name)

(maiden name or other names used)

(present address)

(how long?)

(city)

(state)

(zip code)

(former address)

(how long?)

(city)

(state)

(zip code)

(date of birth)

(social security number)

(driver's license number)

(state of license)

(signature)

(date)

(Witness)

(date)

Save

Email