

VITAL LINK

1033 EMS Drive Batesville, AR 72501

Dear Applicant:

Thank you for your interest in employment at Vital Link. In order to be considered for employment you must:

- 1) Complete and return the employment application;
- 2) Sign and return the authorization for release of driving records;
- 3) Sign and return the three (3) reference report forms;
- 4) Allow Vital Link to examine and copy your
 - a) ACLS and CPR certification cards,
 - b) Your driver's license, and
 - c) Your state EMT certification card;
- 5) Be a resident of Independence, Stone, Cleburne, Lawrence, Jackson, Izard, White, Baxter, Sharp, Searcy, Van Buren, Pope, Conway, Faulkner, Craighead, Fulton, or Randolph County.

Your completed pre-employment packet will be retained on file for twelve months. Vital Link relies upon the accuracy and completeness of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in Vital Link's exclusion of the individual from further consideration for employment, or if the person has been hired, termination of employment.

In the event of a job opening, Vital Link will contact you to arrange a time for a pre-employment interview, pre-employment aptitude testing, or for further information.

Vital Link is an equal opportunity employer, and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any characteristics protected by law. Employment decisions at Vital Link are based on merit, qualifications, and abilities.

If you have any questions concerning this pre-employment packet or the application process, please feel free to contact us at 870-793-3351 Monday through Thursday from 0800 to 1630.

Sincerely,

Kenny Tosh
NREMT-P
Clinical Operations Director

VITAL LINK

EMPLOYMENT APPLICATION (CLINICAL)

Name: _____ Social Security #: _____ Today's Date _____
Last First M.I.

Home Phone: _____ Work Phone: _____

Current Address: _____
(physical & mailing) Street City State Zip

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, race, religion, age, creed, national origin, pregnancy, military status or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

For which position are you applying? _____

What date can you start? _____ Which would you prefer? Full-time Part-time

For which schedules are you available? Weekdays Weekends Evenings Nights

List states and counties of residence for the past seven years. _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No (Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of a misdemeanor, felony and/or served time in the past seven years? If so, please describe below.

(In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

Incident	City/State	Charge

If applying for EMT position:

Do you have the appropriate valid drivers license? DL#: _____

State: _____

Have you had any driving tickets or accidents in the last five (5) years? Please describe:

Yes No Have you been given a job description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodation?

EMT Certifications	Date of Certification	State	School	Number	Expiration Date
EMT-A					
EMT-I					
EMT-P					
EMT-D					

Education	Name	City/State	Dates	Graduate (Y/N)
High School				
College				
Other				

EMPLOYMENT REFERENCES Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical.*

MOST RECENT EMPLOYER ___ Yes ___ No Are you currently working for this employer? If yes, may we contact? _____

Company Name _____ City / State _____ Phone Number _____

To _____ From _____
Dates Employed Job Title Supervisor Name

Duties _____

Salary _____ Per _____ Reason for Leaving _____
(Hour, Week, Month)

SECOND MOST RECENT EMPLOYER

Company Name _____ City / State _____ Phone Number _____

To _____ From _____
Dates Employed Job Title Supervisor Name

Duties _____

Salary _____ Per _____ Reason for Leaving _____
(Hour, Week, Month)

THIRD MOST RECENT EMPLOYER

Company Name _____ City / State _____ Phone Number _____

To _____ From _____
Dates Employed Job Title Supervisor Name

Duties _____

Salary _____ Per _____ Reason for Leaving _____
(Hour, Week, Month)

FOURTH MOST RECENT EMPLOYER

Company Name _____ City / State _____ Phone Number _____

To _____ From _____
Dates Employed Job Title Supervisor Name

Duties _____

Salary _____ Per _____ Reason for Leaving _____
(Hour, Week, Month)

Additional Employment Information – EMS Related ONLY

Company Name _____ City / State _____ Phone Number _____

To _____ From _____
Dates Employed Job Title Supervisor Name

Duties _____

Per _____
Salary (Hour, Week, Month) Reason for Leaving

Company Name _____ City / State _____ Phone Number _____

To _____ From _____
Dates Employed Job Title Supervisor Name

Duties _____

Per _____
Salary (Hour, Week, Month) Reason for Leaving

Company Name _____ City / State _____ Phone Number _____

To _____ From _____
Dates Employed Job Title Supervisor Name

Duties _____

Per _____
Salary (Hour, Week, Month) Reason for Leaving

REFERENCES Include only individuals familiar with your work ability. Do not include relatives.

Name	Address	Phone	Years Known	Relationship

CERTIFICATION AND RELEASE I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. **I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.** I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature _____ **Date** _____

Revised: April 7, 2003

VITAL LINK

State of Arkansas Department of Finance and Administration
Re: Driving Record Search
P.O. Box 1272
Little Rock, AR 72203

Information Network of Arkansas
www.state.ar.us

APPLICANT AUTHORIZATION:

I authorize Vital Link to receive a copy of my driving record.

Signature: _____

Date: _____

Information Needed (as shown on Driver's License):

Name: _____

Driver's License # : _____

Date of Birth: _____

VITAL LINK

REFERENCE REPORT

Former Employer: _____ Phone: _____

Address: _____

The person named below has made application for employment with Vital Link. We would appreciate your completing this form to assist us in evaluating his/her application. At the bottom of this form is a signed statement of consent from the applicant to release the information.

Name of Applicant: _____

Position Held: _____

Dates of Employment: From: _____ To: _____

Why did he/she leave your employ? Resigned _____ Discharged _____ Laid Off _____

If discharged, why? _____

Eligible for rehire? Yes ___ No ___

Qualities	Excellent	Good	Fair	Poor	Unsatisfactory
ACLS/EMT Skills					
Quality of Work					
Dependability					
Initiative					
Attendance					
Cooperation					
Honesty					
Courtesy					
Appearance					

Comments: _____

Person confirming above reference: _____

Title: _____

Date: _____

STATEMENT FOR RELEASE OF INFORMATION

Permission is hereby given to the above named company to release the information requested in order to determine my qualification for employment. It is further agreed that I waive any action against Vital Link or the above named employer should the information furnished result in the rejection of my application for employment.

Signature of Applicant: _____ Date: _____

VITAL LINK

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