



APPLICATION FOR EMPLOYMENT

(Employment is subject to passing a drug/alcohol test and criminal background check. We test/check all new hires.)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For:				Date of Application	
How did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Other: _____					
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s) HOME: _____		CELL: _____		Social Security #: _____	E-Mail Address: _____

- Best time to contact you at home is:..... _____ AM /PM
- If you are under 18 years of age, can you provide required proof of your eligibility to work?..... Yes No
- Have you ever filed an application with us before? Yes No
 If Yes, give date: _____
- Have you ever been employed with us before? Yes No
 If Yes, give date: _____
- Have you ever been convicted of a misdemeanor or felony crime?..... Yes No
 If Yes, please list all convictions on attached Applicant Survey #23.
- Do any of your friends or relatives, other than spouse, work here? Yes No
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- 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
- Date available for work ____/____/____ What is your desired salary range? _____
- Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate: Mornings Afternoons Evenings)
 Temporary (please indicate dates available ____/____/____-____/____/____)
- Are you currently on "lay-off" status and subject to recall? Yes No
- Can you travel if a job required it? Yes No

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments, and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1.

<i>Employer</i>		<i>Dates Employed</i>		<i>Work Performed</i>
<i>Address</i>		<i>From</i>	<i>To</i>	
<i>Telephone Numbers (s)</i>				
<i>Job Title</i>	<i>Supervisor</i>	<i>Hourly Rate / Salary</i>		
		<i>Starting</i>	<i>Final</i>	
<i>Reason for Leaving</i>				

2.

<i>Employer</i>		<i>Dates Employed</i>		<i>Work Performed</i>
<i>Address</i>		<i>From</i>	<i>To</i>	
<i>Telephone Numbers (s)</i>				
<i>Job Title</i>	<i>Supervisor</i>	<i>Hourly Rate / Salary</i>		
		<i>Starting</i>	<i>Final</i>	
<i>Reason for Leaving</i>				

3.

<i>Employer</i>		<i>Dates Employed</i>		<i>Work Performed</i>
<i>Address</i>		<i>From</i>	<i>To</i>	
<i>Telephone Numbers (s)</i>				
<i>Job Title</i>	<i>Supervisor</i>	<i>Hourly Rate / Salary</i>		
		<i>Starting</i>	<i>Final</i>	
<i>Reason for Leaving</i>				

4.

<i>Employer</i>		<i>Dates Employed</i>		<i>Work Performed</i>
<i>Address</i>		<i>From</i>	<i>To</i>	
<i>Telephone Numbers (s)</i>				
<i>Job Title</i>	<i>Supervisor</i>	<i>Hourly Rate / Salary</i>		
		<i>Starting</i>	<i>Final</i>	
<i>Reason for Leaving</i>				

If you need additional space, please continue on a separate sheet of paper.

PROFESSIONAL INFORMATION

List any professional licensing or certification you have with expiration dates:			
	<i>Certification #:</i>	<i>Expiration Date:</i>	<i>Notes:</i>
<i>State of Ohio EMT Basic / Intermediate/ Paramedic:</i>			
<i>National Registry:</i>			
<i>ACLS Provider:</i>			
<i>PALS Provider:</i>			
<i>CPR Healthcare Provider:</i>			
<i>Ohio Driver's License:</i>			
<i>Other (Specify):</i>			
<i>Other (Specify):</i>			
<i>Other (Specify):</i>			

List professional, trade, business, or civic activities and offices held.
You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Specialized Skills - Office positions only

(List Skills, equipment you are familiar with, computer programs you are comfortable working with:

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ YES _____ NO

REFERENCES

1.	_____ () _____ (Name) Phone #
	_____ (Address)
2.	_____ () _____ (Name) Phone #
	_____ (Address)
3.	_____ () _____ (Name) Phone #
	_____ (Address)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer:

Signature of Applicant

Date



Dear Applicant:

Thank you for your interest in employment with LifeCare Medical Services, Inc.

In addition to completing the employment application, please complete the attached "Applicant Survey" and the "Disclosure and Release" form.

If you are applying for an EMT-Basic or Paramedic position, please provide us with a copy of your current Ohio EMS certification and Ohio Driver's License. We will make a copy of these items for you at your request.

Once your application is complete, you may be called for an interview if your qualifications match a current job opening. Applications are kept for a period of six (6) months.

Employment is contingent on passing a drug/alcohol test and background check, as well as driver's license and EMS certification verification (if necessary for the position in which you applied).

Thank you again for applying with our Company.

Respectfully,

Rick Reed

Richard A. Reed
Director of Operations



Applicant Survey

Name: _____

1. What position are you applying for?
2. What are some significant accomplishments in your previous job?
3. What was the most difficult task you had to learn on your previous job?
How did you develop the skills you needed?
4. If you could improve anything about the way your previous employer went about their work, what would you change?
5. What are your long-term career goals?
6. What are your short-term career goals?
7. What do you see yourself doing in 5 years as a career?
8. What are your greatest strengths as they relate to the position for which you are applying?
9. What are your greatest weaknesses as they relate to the position for which you are applying?
10. What kind of contributions do you feel you can make to our company?

Applicant Survey (continued)

- 11. Tell me about a time you had a particularly difficult situation with a customer?
How did you handle it?

- 12. How do you ensure that you provide the best customer service possible?

- 13. When you have seen a co-worker provide poor customer service, how did you handle it?

- 14. What does extraordinary customer service mean to you?

- 15. Tell me about a time you were faced with conflicting priorities.
How did you handle it?

- 16. Name two accomplishments that have given you the most satisfaction?

- 17. Why did you decide to seek a position with this Company?

- 18. How did you hear about this opportunity?

- 19. Why should you be hired for this position?

- 20. Date Available to Start: _____

- 21. Please list your hours and days of availability for work:

- 22. List any classes or other responsibilities that could conflict with work at LifeCare:

- 23. Have you ever been convicted of any crime including minor traffic violations? ___ No ___ Yes

List **ALL** convictions: (Use additional sheet if necessary)

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

- 24. May we check references with your current employer? N/A ___ Yes ___ No ___



DISCLOSURE AND RELEASE

In connection with my application for employment with LifeCare Medical Services, Inc.

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address, and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for LifeCare Medical Services, Inc. to procure Motor Vehicle Reports (MVRs) at any time during my employment.

Signature

Date

Print Name

Social Security Number

Date of Birth

Driver's License Number

State

PLEASE PRINT NEATLY!

For LifeCare Administration Use Only

Position(s) Applied For Is Open: YES NO

Positions(s) Considered For: _____

Date

Arrange Interview? YES NO

Remarks _____

Interviewer

Date

Employed YES NO DOH (Date of Hire) _____

Job Title _____ Hourly Rate / Salary _____

Department

By

Notes



CONSENT & RELEASE FORM FOR EMPLOYEES/APPLICANTS

I, _____, (applicant or employee name), as an employee/applicant of the Company, hereby acknowledge that the Company's policy requires me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program.

I hereby and herewith release the Company, its employees, agents, and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the Drug Free Workplace Coordinator, contractor's Medical Review Officer (MRO), and/or to the Company's examining physician as provided by the Company's Policy.

Should there be a positive test, I understand the MRO may ask me to provide information about any legal non-prescriptive drugs and other drugs for which I have a prescription that I take routinely or have taken within the last (30) days.

I further acknowledge that the Company has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature: _____

Employee/Applicant Printed Name: _____

Signature of Witness: _____

Printed Name of Witness: _____

Date of Signatures: _____