



# EMPLOYMENT APPLICATION

An Equal Opportunity Employer  
3720 Corley Street  
Beaumont, TX 77701

Visit us on the Web at [www.statcareems.com](http://www.statcareems.com)  
Phone: (409) 833-3834; Fax: (409)833-2060



*Instructions:* Please read the instructions before completing the application. All applications for employment with Stat Care EMS must be made on this form. You may make copies of this application and enter different position titles, but each copy must have an original signature. A resume may be attached, but you must complete all spaces on the application to be considered for employment. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. If you are in need of an accommodation to complete this application, please contact Human Resources at the address and phone number above. Return your application to the Human Resources Employment Information Office according to one of the options on Page 4 under Application Return Process. *Please clearly print or type all answers.*

**POSITION APPLYING FOR:** \_\_\_\_\_ **DATE AVAILABLE FOR WORK:** \_\_\_\_\_

## PERSONAL DATA

**NAME:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_  
*Last First Middle*

**CURRENT ADDRESS:** \_\_\_\_\_  
*Number & Street City State Zip*

**List any other names used if different from name given on application:** \_\_\_\_\_

**PHONE:** Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

## EDUCATION & TRAINING

**Circle Highest Grade Completed** 1 2 3 4 5 6 7 8 9 10 11 12 **High School Diploma or G.E.D.**  Yes  No

Type of School	Name & Location of School	Sem/Clock Hours Completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
			Yes	No			
Colleges or Universities							
Technical, Vocational or Business Schools							

If a license, certificate or other authorization is required/related to position for which you are applying, complete the following:

License/Certification (EMT, EMT-I, Paramedic, etc.)	Date Issued	Issued By (state or other authority)	License Number	Location of Issuing Authority (city & state)

**SPECIAL TRAINING:** List any special training program or courses you have attended which you feel may add to your qualifications. List course, date, and institution (including military training).

**COURSE TITLE**

**DATE**

**GRANTING INSTITUTION**

**SPECIAL SKILLS/QUALIFICATIONS:** List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer languages, types of computers and computer software, word-processing, typing speed, 10-key calculator, specialized equipment or machines, tools, vehicles, heavy equipment or memberships).

**GENERAL INFORMATION**

**DRIVER'S LICENSE:** State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of Driver's License:

Class A    Class B    Class C    Class M    Class A Commercial    Class B Commercial    Class C Commercial

CDL Endorsement(s):

Tank Vehicle    Double/Triple Trailer    Hazardous Materials    Passenger

*If the position requires a commercial driver's license, please complete additional information on the Commercial Driver's License Supplement.*

**DISMISSALS AND/OR FORCED RESIGNATIONS:** Have you ever been fired or forced to resign from any position?

(Check one)    Yes    No   If answer is Yes to either or both of these questions, please explain below.

Have you ever been convicted of a **MISDEMEANOR** or **FELONY** and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. PLEASE NOTE: A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. **HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION FOR ONE YEAR.**

(Check one)    Yes    No   If Yes, please provide the following:

Date: \_\_\_/\_\_\_/\_\_\_   Charge: \_\_\_\_\_   City/State: \_\_\_\_\_

Disposition: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_   Charge: \_\_\_\_\_   City/State: \_\_\_\_\_

Disposition: \_\_\_\_\_

*(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)*

**Have you ever been employed in any capacity by Stat Care EMS? (Check One)**    Yes    No   If yes, please indicate:

Title of Position: \_\_\_\_\_   Department: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

**Are you related to any person employed by Stat Care EMS? (Check One)**    Yes    No   If yes, please indicate:

Name: \_\_\_\_\_   Relationship: \_\_\_\_\_

Department: \_\_\_\_\_   Position: \_\_\_\_\_

## EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer, volunteer work, and any periods of unemployment. **An explanation of any period of unemployment should be included on page 4.**

Employer: _____	<b>Start Date</b>	<b>End Date</b>
Address/City/State: _____		
Phone: (    ) _____ Job Title: _____		
Supervisor: _____ Title: _____	<b>Starting Salary</b>	<b>Final Salary</b>
Reason for Leaving: _____		
<b>Briefly Describe the Nature and Duties of Your Position</b>		

Employer: _____	<b>Start Date</b>	<b>End Date</b>
Address/City/State: _____		
Phone: (    ) _____ Job Title: _____		
Supervisor: _____ Title: _____	<b>Starting Salary</b>	<b>Final Salary</b>
Reason for Leaving: _____		
<b>Briefly Describe the Nature and Duties of Your Position</b>		

Employer: _____	<b>Start Date</b>	<b>End Date</b>
Address/City/State: _____		
Phone: (    ) _____ Job Title: _____		
Supervisor: _____ Title: _____	<b>Starting Salary</b>	<b>Final Salary</b>
Reason for Leaving: _____		
<b>Briefly Describe the Nature and Duties of Your Position</b>		

Employer: _____	Start Date	End Date
Address/City/State: _____		
Phone: (____) _____ Job Title: _____		
Supervisor: _____ Title: _____	Starting Salary	Final Salary
Reason for Leaving: _____		
<b>Briefly Describe the Nature and Duties of Your Position</b>		

Explanation of any periods of unemployment between jobs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### GENERAL INFORMATION

I, the undersigned, certify that I have *read* and *fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from Stat Care EMS service. In submitting this application, I authorize Stat Care EMS to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of Stat Care EMS and will not be returned.

I also understand that I will have the right to terminate my employment with Stat Care EMS at any time without notice and for any reason. I understand that Stat Care EMS has the same right. If required for the position, I also understand that as a condition of employment I will be subject to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. An employment offer received from Stat Care EMS is contingent upon information received.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**WE THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH STAT CARE EMS.**

*AN EQUAL OPPORTUNITY EMPLOYER*

**APPLICATION RETURN PROCESS**

*You may return your application as follows:*

- 1.) Bring it to 3720 Corley Street, Beaumont, Texas
- 2.) Mail it to Human Resources, P.O. Box 552, Beaumont, TX 77704
- 3.) Fax it to (409)833-2060, and mail the original to the address in #2.