



When your life is on the line, we save you time!

10203 W 1st St, Pratt, KS 67124

EMPLOYMENT APPLICATION FORM

Pulse Transport considers candidates for employment without regard to race, color, notional origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

PULSE TRANSPORT IS A DRUG FREE WORKPLACE

PERSONAL INFORMATION

Full Name: _____

Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Cell Phone Number: _____ **FT/PT:** _____ **Date Available to Work:** _____

Are you at least 18 years of age? (Y/N) _____ **Email Address:** _____

How did you hear about this position? _____

If any, please list relatives or friends employed at Pulse Transport: _____

POSITION INFORMATION

Positions(s) Applying For: _____

Have you ever been employed by this organization? (Y/N) _____

If "Yes", date: _____

Prior Position(s): _____ **Reason for leaving:** _____

CERTIFICATION INFORMATION

(list only current certifications - photocopies required at interview)

| Certification | Certification Number | Expiration Date | Certifying Agency |
|-------------------------|----------------------|-----------------|-------------------|
| CPR | | | |
| EMT/EMT-P | | | |
| National Registry | | | |
| PALS | | | |
| ACLS | | | |
| CEVO | | | |
| PHTLS | | | |
| ICS- 100, 200, 700, 800 | | | |
| Other: _____ | | | |

WORK REQUIREMENTS AND GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? (Yes/No)

Do you have a valid Driver's License? (Yes/No)

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years:

Have you ever been convicted, or plead guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended (Yes/No)

If "Yes", please explain:

A conviction will not necessarily disqualify you from employment.

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid

(Yes/No) If "Yes" please explain:

EMPLOYMENT HISTORY

(list your last three employers or volunteer activities, starting with the most recent.)

Employer Name & Address

Job Title: Supervisor

Start Date: Beginning Salary: End Date: Ending Salary:

Job Description (including duties and responsibilities):

Employer's Telephone Number: May We Contact This Employer? (Yes/No)

Reason for leaving:

Employer Name & Address

Job Title: Supervisor

Start Date: Beginning Salary: End Date: Ending Salary:

Job Description (including duties and responsibilities):

Employer's Telephone Number: May We Contact This Employer? (Yes/No)

Reason for leaving:

Employer Name & Address

Job Title: Supervisor

Start Date: Beginning Salary: End Date: Ending Salary:

Job Description (including duties and responsibilities):

Employer's Telephone Number: May We Contact This Employer? (Yes/No)

Reason for leaving:

MILITARY SERVICE

| Service Branch | Date Began | Date Ended | Rank and Type of Duties | Date Discharged | Location |
|----------------|------------|------------|-------------------------|-----------------|----------|
| | | | | | |

Please explain any gaps in employment:

Have you ever been:

- Disciplined or terminated for reckless driving? (Yes/No) _____
- Placed on probation or terminated for excessive absenteeism? (Yes/No) _____
- Disciplined or fired for insubordination? (Yes/No) _____
- Disciplined or fired for a violation of safety rules? (Yes/No) _____
- Disciplined or fired for assault or fighting (Yes/No) _____
- Disciplined or fired for harassment? (Yes/No) _____
- Disciplined or fired for patient abuse? (Yes/No) _____
- Disciplined or fired for alcohol or drug related activity at work? (Yes/No) _____

If you answered "Yes" to any of the above questions, please explain:

Please Note: Answers of "Yes" to any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

High School:

Name: _____ Address: _____

Years Completed: _____ Did you graduate? (Yes/No) _____ If "No", highest grade completed: _____

Have you received your GED? (Yes/No) _____

College:

Name: _____ Address: _____

Years Completed: _____ Did you graduate? (Yes/No) _____ If "no", highest year completed: _____

Degree: _____ Major: _____

Technical School:

Name: _____ Address: _____

Years Completed: _____ Did you graduate? (Yes/No) _____ If "No", highest year completed _____

Certificate and/or License Nos: _____ Expires: _____

Other School/Training:

Name: _____ Address: _____

Years Completed: _____ Did you graduate? (Yes/No) _____ If "No", highest year completed _____

Certificate and/or License Nos: _____ Expires: _____

Please describe any additional personal or professional qualifications, related employment information that you would like us to know about you or feel would be beneficial for us to know when considering your application:

REFERENCES

Please list **three** persons, other than relatives, who have knowledge of your experience and/or education.

| | | |
|----------|-------------|---------------|
| Name: | Occupation: | Phone Number: |
| Address: | | |

| | | |
|----------|-------------|---------------|
| Name: | Occupation: | Phone Number: |
| Address: | | |

| | | |
|----------|-------------|---------------|
| Name: | Occupation: | Phone Number: |
| Address: | | |

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered at position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time if so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test result for legal substances will require proof of a current prescription. I further consent to allow my doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the company as a condition of my employment, and I hereby give my consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with the Company may be terminated.

Applicant Signature : _____ **Date:** _____

Please save a copy and email all applications to pulsetransportllc@gmail.com along with your current resume.