



NuCare Carolina Ambulance, Inc.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone - - Cell - - Email Address: _____ @

Years Driving: _____ Social security No.: - - Desired Salary: \$ _____ / hr
Position Applied for: _____ Status Desired: Full-Time Part-Time / Date Available: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO
If yes, explain: _____

Education

High School: _____ Address: _____
From _____ To: _____ Did you graduate? YES NO

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Previous Employment

Company: _____ Phone: (_____) _____ - _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (_____) _____ - _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (_____) _____ - _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____

Conditions of Employment Statement

I certify that the information I have provided on my application is complete and accurate and give NuCare Carolina the right to investigate all information given and to secure additional appropriate information if necessary. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment and hereby release from all liability all persons, companies, or corporations furnishing such information in good faith.

I understand and acknowledge that any employment relationship with NuCare Carolina 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 NuCare Carolina. Additionally, the completed application is not a contract or guarantee of employment.

I further understand that any misleading or incorrect statements or the failure to complete any part of this application not prohibited by law may render this application void and if employed, could be cause for immediate discharge. Also, I understand that if employed I would be required to abide by all rules and regulations of the Employer.

It is the policy of NuCare Carolina to ensure that its employees are free from the effects of alcohol and drugs. I understand that all applicants selected for employment must satisfactorily pass a drug-screening test. Those applicants with a confirmed positive test for drugs/alcohol will not be hired.

Applicant's Signature

Date

Please make sure you have filled out all sections COMPLETELY and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. Once submitted, application materials become property of NuCare Carolina. An application must be received in Human Resources by 5pm on the closing date posted to ensure consideration.

NuCare Carolina

DRIVER CONSENT FORM

Driver's Name: _____

Date of Birth: _____

License No.: _____

State: _____

By signing this form, I authorize NuCare Carolina Ambulance, Inc. to obtain information regarding my driving record from the State Department of Motor Vehicles. I understand that my use of a company vehicle as an employee of NuCare Carolina Ambulance, Inc. may be restricted or prohibited based on this information.

Signed _____

Date _____