

Midwest Ambulance Application Process and Requirements

Application Requirements

1. Fill out application.
2. Copy of all certifications applicable for job applying for.
3. You can email all paperwork to Employee Services on the contact us page of our website, or you can send it in the mail to:

Midwest Ambulance Service

PO Box 421723

Indianapolis, IN 46242

4. If you are offered a position with Midwest Ambulance you will need to perform the following two steps to become eligible for employment.
 - a. Obtain your driving record from BMV.*
 - b. Obtain criminal background check with fingerprints. To obtain your background check you can call 877-472-6917 to find a location near you.*

*The fingerprint background check and BMV record fees will be reimbursed at the successful completion of your probationary period.



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)			
DATE	NAME (First, Middle, Last)	SSN	
STREET ADDRESS		CITY	STATE ZIP
PHONE	ALT PHONE	BEST TIME TO BE REACHED	
EMAIL ADDRESS			
REFERRAL SOURCE			
Walk In	Advertisement	Relative	Website Employee Other
If referred by employee, please state name			
If referred by advertisement, please state where			
POSITION DESIRED			
Position		Full Time	Part Time
Some positions may require working overtime, weekends, evenings or holidays. Is this acceptable?			
Minimum Pay Acceptable \$ _____ per HOUR MONTH YEAR		Date Available	
ELIGIBILITY / HISTORY			
Are you Eligible to work in the United States?		YES	NO
Are you at least 18 or older?		YES	NO
Have you ever been convicted of a crime?		YES	NO
If yes, please explain:			
Have you ever been excluded, debarred, suspended, or otherwise determined to be ineligible to participate as a provider, employee or agent of a provider of health care services associated with any federal, state, local or private health care insurance program (for example, Medicare or Medicaid)?		YES	NO
Have you ever been convicted of, plead no contest to or been the beneficiary of a plea agreement involving a criminal offense charged against you related to health care?		YES	NO
Have you ever been employed by Midwest Ambulance or any of its subsidiaries?		YES	NO
Do you have a contract or agreement with another company that may limit your ability to perform work for Midwest Ambulance (i.e. a non-compete or confidentiality agreement)?		YES	NO
Have you been known by any other names? If so, please list them.			

QUALIFICATIONS (LIST ADDITIONAL TRAINING ON BACK)

Type of Training	Expiration Date	Level	Instructing Agency	PSID #
EMT				
EMT-P				
CPR				
ACLS				
PHTLS/ BTLS				
PALS/ PEEP				

EMPLOYMENT RECORD (PLEASE LIST 3 EMPLOYERS BEGINNING WITH THE MOST RECENT)

COMPANY	SUPERVISOR	PHONE
STREET ADDRESS	CITY	STATE ZIP
JOB TITLE	WORK PERFORMED	REASON FOR LEAVING
DATES OF EMPLOYMENT	BEGINNING PAY \$	ENDING PAY \$ per HR WK MO YR
May we contact your present employer? YES NO		

EMPLOYMENT RECORD

COMPANY	SUPERVISOR	PHONE
STREET ADDRESS	CITY	STATE ZIP
JOB TITLE	WORK PERFORMED	REASON FOR LEAVING
DATES OF EMPLOYMENT	BEGINNING PAY \$	ENDING PAY \$ per HR WK MO YR
May we contact your present employer? YES NO		

EMPLOYMENT RECORD

COMPANY	SUPERVISOR	PHONE
STREET ADDRESS	CITY	STATE ZIP
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May we contact your present employer? YES NO		

EDUCATION – HIGH SCHOOL

NAME	LOCATION
LAST YEAR COMPLETED	GRADUATED

EDUCATION – COLLEGE OR UNIVERSITY

NAME	LOCATION
LAST YEAR COMPLETED	GRADUATED DEGREE/MAJOR

Acknowledgement of Receipt

Representatives of Midwest Ambulance Service may not enter into an employment agreement for a specified period of time without express written consent of the company's CEO or his/her designee.

As part of the employment process at Midwest Ambulance Service and for subsequent employment purposes (if you are hired), a consumer report may be obtained. This type of report is generally called a credit or background check and may include information on your credit standing and capacity, character, general reputation, personal characteristics or mode of living. In accordance with the Fair Credit Reporting Act, by signing below you authorize any reference, school, former employer or other person to disclose to Midwest Ambulance Service upon request any information to Midwest Ambulance Service. Any reports provided to Midwest Ambulance Service will not contain medical information.

By signing below, you guarantee the information provided in this Application for Employment is true and complete. Midwest Ambulance Service may disqualify me from consideration for employment or terminate my employment for any false or misleading statements or omissions in this Application, whenever they may be discovered.

Any offer of employment extended by Midwest Ambulance Service is expressly contingent upon: (1) Acknowledging receipt of Midwest Ambulance Service's Employee Handbook, Marion County Protocols, and Uniform Voucher. (2) Passing a pre-employment substance abuse test; and (3) A Satisfactory consumer report. Certain positions may have additional pre-employment requirements, which will be discussed with you during the application process.

APPLICANT NAME (PRINT)

DATE

APPLICANT SIGNATURE

Midwest Ambulance Service and Federal and State Law prohibit discrimination on the basis of race, color, religion, national origin, sex, age, sexual orientation or disability. EOE

Applicant EEO Data Sheet

To better evaluate the effects of the selection process and to enable us to meet government reporting requirements, applicants for positions at Midwest Ambulance Service are asked to complete this information. Your cooperation is voluntary and will be appreciated. Refusal to provide this data will not subject you to any adverse treatment. Any information you do provide will be treated as confidential personnel information and will only be used in accordance with applicable federal laws and regulations.

PLEASE PRINT NEATLY			
DATE	POSITION	LOCATION	SEX
SSN		NAME (FIRST, MIDDLE, LAST)	
STREET ADDRESS		CITY	STATE ZIP
RACE/ETHNICITY (PLEASE CIRCLE ONE)			
CAUCASIAN		Not of Hispanic origin. Person having origins in Europe, North Africa, or the Middle East	
AFRICAN AMERICAN		Persons having origins in the black racial groups of Africa as well as Jamaica, Trinidad or the West Indies.	
ASIAN/PACIFIC ISLANDER		Persons having origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea and Samoa.	
NATIVE AMERICAN		American Indians; also Eskimos and Aleuts.	
HISPANIC		Persons having origins in Mexico, Puerto Rico, Cuba, Central/ South America or other Spanish cultures.	