



800.999.9861
 713.861.5959
 info@precheck.com
 www.PreCheck.com

LIFENET AMBULANCE SERVICE #1738 PRE-EMPLOYMENT DISCLOSURE & AUTHORIZATION

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. ____ / ____ / ____ Date of Birth¹ _____

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ No. _____

Address: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level (GED – provide state) _____

Campus Name _____ Campus City _____ Campus State _____

Name on GED or under which you graduated _____

Dates of Attendance and/or Graduation _____

	Year(s) Attended	Year Graduated/GED Completed
--	------------------	------------------------------

My present employer may be contacted for a job reference. Yes No

Have you ever been convicted of a crime? Yes No

Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

	City	State	Dates	From:	To:
1.	_____ / _____	_____	_____	_____	_____
2.	_____ / _____	_____	_____	_____	_____
3.	_____ / _____	_____	_____	_____	_____
4.	_____ / _____	_____	_____	_____	_____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Lifenet Ambulance Service ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application for employment, contract for services, privileges, volunteering or access to an organization. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment, contract, privileges or appointment to the extent permitted by law.

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout term of my employment, contract or privileges, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

STATE LAW NOTICES

Minnesota or Oklahoma applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. _____

California applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. _____

California applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. _____

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. _____

Maine applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature _____ **Date** _____



LifeNet, Inc.

6300 Hampton Rd., Texarkana TX. 75503
Phone (903) 832-8531 Fax (903) 832-0215

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer and a Drug-Free Workplace
Applications needing ADA Accommodations should notify Human Resources for assistance

Position(s) Applied for _____ Date of Application ____ / ____ / ____

Referral Source: Advertisement Relative Government Employee Agency Walk-In Private Employment Agency
 Employee (Name _____) Other _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number(s) _____ Email Address _____

If necessary, best time to call you at home is _____ Social Security Number ____ / ____ / ____

May we contact you at work? Yes No If yes, number & best time to call _____

Are you under the age of 18?..... Yes No

Have you ever filed an application here?..... Yes No If yes, please give date ____ / ____ / ____

Do you have a relative presently working for LifeNet? Yes No If yes, please give name(s) _____

Have you ever been employed here before?..... Yes No From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country?..... Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work..... ____ / ____ / ____

Are you able to meet the attendance requirements of the position?..... Yes No

Type of employment desired Full Time Part Time; Hours Available _____

Shift willing to work: Day Night Evening Any Work Weekends? Yes No Work Overtime? Yes No

Have you ever been bonded?..... Yes No

Have you ever been convicted of a felony? Yes No If yes, explain _____
(Such conviction may be relevant if job related, but does not bar you from employment.)

US MILITARY: Branch of U.S. Service _____ Date Entered _____
Date Discharged _____ Rank at Discharge _____

**Continue to Part C if you are applying for a Business or Administrative Position*

Part B

To be completed if applying for EMT, Paramedic, RN or Dispatch Position

Do you have a valid drivers license? Yes No

DL# _____ State Issued _____ Expiration Date ____/____/____

List the states you have operated in for the last five years: _____

List ANY Driver Training Received _____

Do you hold any Safe Driving Awards? Yes No From who/where did you obtain the award?

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If the answer is YES to either of these two questions, Please explain in detail _____

Currently held Licenses and Certifications: (Check all that apply)

****Please include copies of Certifications with Application****

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> TX EMT-B | <input type="checkbox"/> National EMT |
| <input type="checkbox"/> TX EMT-I | <input type="checkbox"/> National EMT-I |
| <input type="checkbox"/> TX EMT-P | <input type="checkbox"/> National EMT-P |
| <input type="checkbox"/> AR EMT-B | <input type="checkbox"/> RN License |
| <input type="checkbox"/> AR EMT-I | <input type="checkbox"/> BCLS |
| <input type="checkbox"/> AR EMT-P | <input type="checkbox"/> ACLS |
| <input type="checkbox"/> CCEMTP | <input type="checkbox"/> PALS or PEPP |
| <input type="checkbox"/> EMD | <input type="checkbox"/> BTLS or PHTLS |
| <input type="checkbox"/> NRP | <input type="checkbox"/> TNCC |

Other Licenses and/or Certifications:

Part C

EMPLOYMENT HISTORY

List your most recent employer first. If currently unemployed, leave present employer section of this application blank. Include any unpaid work experience as well as military service. If you held more than one position with the same employer, list each position separately. You must account for ALL periods for at least the last (7) years. If desired, include a resume or additional pages that will help clarify your work experience. A Resume may only substitute for the "Duties in Detail" sections. All other items must be completed. Attach additional sheets as necessary.

Present Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Dates Employed: _____

Supervisor's Name: _____ Reason for Leaving _____

Duties In Detail: _____

May we contact employer? Yes No, explain in the comment section. A reference check is a required condition for employment

Previous Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Dates Employed: _____

Supervisor's Name: _____ Reason for Leaving _____

Duties In Detail: _____

May we contact employer? Yes No, explain in the comment section. A reference check is a required condition for employment

Previous Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Dates Employed: _____

Supervisor's Name: _____ Reason for Leaving _____

Duties In Detail: _____

May we contact employer? Yes No, explain in the comment section. A reference check is a required condition for employment

Previous Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Dates Employed: _____

Supervisor's Name: _____ Reason for Leaving _____

Duties In Detail: _____

May we contact employer? Yes No, explain in the comment section. A reference check is a required condition for employment

Comments (including explanation of any gaps in employment) _____

Part D

EDUCATION AND SKILLS

Are you able to perform the essential function(s) of the position(s) for which you are applying with or without reasonable accommodation (see attached job description(s))? Yes No

EDUCATION BACKGROUND

A. List last three schools attended, starting with the most recent
C. Indicate degree or diploma earned, if any

B. List number of years completed
D. Major and minor field of study

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE / DIPLOMA	D. MAJOR	D. MINOR

List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

Machine Operations:

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Full-Key Adding Machine | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Scanner |
| <input type="checkbox"/> Ten-Key Adding Machine | <input type="checkbox"/> Personal Computer | |
| <input type="checkbox"/> Printing Calculator | <input type="checkbox"/> Key Punch | |
| <input type="checkbox"/> Other: _____ | | |

Office Specialties:

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> Bank Reconciliation | <input type="checkbox"/> Medical Billing |
| <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Payroll | <input type="checkbox"/> Medical Terminology |
| <input type="checkbox"/> Other: _____ | | |

General Clerical:

- | | |
|------------------------------------|--------------|
| <input type="checkbox"/> Type | W.P.M. _____ |
| <input type="checkbox"/> Shorthand | W.P.M. _____ |

Computer Programs:

- | | | |
|---|--|---|
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Access |
| <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> Paper port |
| <input type="checkbox"/> Other: _____ | | |

REFERENCES

List name and telephone number of **THREE** references (not related to you)

NAME	TELEPHONE	YEARS KNOWN

Part E

AUTHORIZATION AND RELEASE FOR DRUG TESTING

I hereby consent to let any necessary samples of urine to be taken and tested by a laboratory designated by LifeNet, Inc. to determine the presence or absence of drugs in my system. I hereby authorize LifeNet, Inc. to have samples taken to have pre-employment drug testing performed to make this determination. I authorize the release of the results of such tests to a Medical Review Officer who is responsible for reviewing and verifying test results. I also authorize release of the verified test results from the Medical Review Officer to the Human Resources Manager or Designee. The results of the pre-employment drug testing will be used to determine my eligibility for employment. I acknowledge that my refusal to cooperate in providing a urine sample will result in my ineligibility for employment with LifeNet, Inc. I hereby release LifeNet, Inc., the laboratory performing the testing/analysis, the Medical Review Officer reviewing and verifying the results, and all of their officers, directors, employees, attorneys, representatives, and/or agent for any and all liability arising out of the taking or testing of any samples of my urine communicating the test results pursuant to this authorization and release. I understand that this testing authorization does not constitute an employment agreement or contract with LifeNet, Inc., nor does it alter my employment-at-will status.

Signature of applicant _____ Date ____ / ____ / ____

AFFIDAVIT

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the LifeNet, Inc.'s service if I have been employed. I understand that just as I am free to resign at any time, LifeNet, Inc. reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of LifeNet, Inc. has the authority to make any assurances to the contrary.

I give LifeNet, Inc. the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability LifeNet, Inc. and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

As part of the employment process and/or from time to time during my employment with LifeNet, Inc., if employed, I agree to submit upon request to a physical examination and/or drug and alcohol screening by a physician or laboratory selected and paid for by LifeNet, Inc.

I also agree that, if I am employed in a position requiring the operation of a motor vehicle, my failure to maintain a driving record acceptable to LifeNet, Inc.'s insurance carrier shall be considered misconduct that may result in my dismissal.

LifeNet, Inc. is an Equal Opportunity Employer. LifeNet, Inc. does not discriminate in employment and no question on this application is used for the purposes of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand that this application is current for only 180 days. At the conclusion of this time, if I have not heard from LifeNet, Inc. and still wish to be considered for employment, it will be necessary for me to complete a new application.

Signature of applicant _____ Date ____ / ____ / ____