



111 Buck Rd Unit 200 Suite 5
 Huntingdon Valley, PA 19006
 Phone: 215-500-3070
 Fax: 866-457-1174
 dynamicambulance@gmail.com

We will consider applications for all positions without regard to race, religion, creed, gender, national origin, age, sexual orientation, marital-or veteran status, or any other legally protected status

Name(Last, First, MI)		Date of Application	
Street Address		City/State/ Zip Code	
Social Security Number		Telephone Number	
Position Applying For and Salary Desired?		Other Number	
Are you 18 years of age Yes/ No	Have you filed an application with us before? If Yes, give date Yes/No	Have you even been employed with us before? If yeas, give Date: Yes/No	
Are you currently employed? Yes/No	May we Contact your present employer? Yes/No	Are you currently on "on lay off" status and subject to recall? Yes/No	
Can you travel if the job requires it? Yes/No	Are you a citizen of the U.S.? Yes/No	When can you start? _____/_____/_____	
Have you been convicted of any drug, theft, violent or theft related act or crime in the last ten(10) years? If yes, please explain. Conviction will not necessarily disqualify an applicant from employment.			Yes/No

EMPLOYMENT HISTORY (MOST RECENT FIRST)

Employer	Start Date	End Date
Address	Start Wage	End Wage
Job Description	Supervisor/Phone number	
Reason for leaving		
Employer	Start Date	End Date
Address	Start Wage	End Wage
Job Description	Supervisor/Phone number	
Reason for leaving		
Employer	Start Date	End Date
Address	Start Wage	End Wage
Job Description	Supervisor/Phone number	
Reason for leaving		



EDUCATION HISTORY

High School Name & Address		
Course of Study	Years Completed	Diploma/Degree
College Name & Address		
Course of Study	Years Completed	Diploma/Degree
Certification Program Name & Address		
Course of Study	Years Completed	Diploma/Degree
Other Name & Address		
Course of Study	Years Completed	Diploma/ Degree
Do you speak any foreign languages? If yes, which one(s) and how fluently		
Describe any specialized training, apprenticeship, skill and/or extra-curricular activities		
Describe any job-related training received in the United States Military (if applicable)		

CERTIFICATIONS

Do you have an EMT certification? If yes please list EMT number _____	Yes/No	Do you have a National Registry Certification?	Yes/No
Do you have EVOC?	Yes/No	Do you have CPR certification?	Yes/No
Please list all special licenses/ certifications that you have _____ _____ _____			
Provide any additional information you feel might be of assistance to us in considering your application. _____ _____ _____			

AVAILABILITY

Are you availavle to work Monday thru and including Saturdays?	Yes/No
Are you available to work Sundays?	Yes/No
Are you available to work any time of the day or night? If not, what time(s) are you NOT available? _____	Yes/No
Are you available to be contacted by phone if necessary 24 hours a day, 7 days a week?	Yes/No

CRIMINAL RECORD RELEASE FORM

I, _____, authorize Dynamic Ambulance Service, Inc. to do a criminal background as well as a driving record check on me. I understand that Dynamic Ambulance Service, Inc. will keep all the information obtained confidential and will not release it to anyone without my written consent.

Signature: _____ Date: _____

I, _____, agree to undergo drug and alcohol testing if Dynamic Ambulance requests me to do so. I authorize the testing facility to release to results of the test to Dynamic Ambulance Service, Inc.

CONFIDENTIALITY AGREEMENT

The nature of service provided by Dynamic Ambulance Service, Inc. requires information to be handled in a private, confidential manner.

Information about our business, documentation, employees, patients, and other customer list and any other information in any format, contacts, facilities, and their employees or officers will only be released to the people or agencies outside this company with our (company's) written consent. Following legal or regulatory guidelines provides the only exceptions to this policy. All reports, memoranda, notes, list, passwords, discs or any other documents containing aforementioned information will remain part of the company's confidential records.

The name, address, phone numbers, or salaries of our employees will only be released to people authorized by the nature of their duties to receive such information and only with the consent of management and the employee.

The undersigned employee agrees to abide by this confidentiality agreement.

Print Name

Signature

___/___/___
Date

JOB PLACEMENT MEDICAL QUESTIONNAIRE



Last Name	First Name	MI	DOB	SS#
Number street	Apt.	City	State	Zip code
Name and address of your personal physician:				

Please circle “Yes” or “No”. If “Yes” Please give details.

Are you on any treatments or taking medication?	Yes/No	
Disorder of the eyes or hearing?	Yes/No	
Dizziness, fainting, convulsions or paralysis?	Yes/No	
Hernia?	Yes/No	
Diabetes?	Yes/No	
Rheumatisms, arthritis?	Yes/No	
Any broken/ fractures bones?	Yes/No	
Strains or sprains of the back?	Yes/No	
Strains or sprains of muscle or joints?	Yes/No	
Breathing difficulty	Yes/No	
Deformity or amputation?	Yes/No	
Hypertension?	Yes/No	
In the past 5 years have you:		
Had a check up?	Yes/No	
Had any injury or surgery?	Yes/No	
Been a patient in a medical facility?	Yes/No	
Have you ever received Worker’s Compensation Benefits?	Yes/No	
If Yes, Type of injury:	Yes/No	
Did you fully recover?	Yes/No	

I hereby declare that all statements and answers herein are full and complete, and true.
Any discrepancies in truth may result in Dynamic Ambulance Service, not hiring me.
I hereby give my permission to Dynamic Ambulance Service to check the information listed above.

Signed _____

Date _____

