

**SOUTHWEST EMS, INC**  
**APPLICATION FOR EMPLOYMENT**  
An Equal Opportunity Employer

**Direction to Complete Attached Application Packet**

You **MUST** complete ALL of the attached forms to be considered for a position with Southwest EMS, Inc.

1. Complete the application in its entirety. An updated resume will be acceptable for schooling and employment history. Please include all pertinent reference information.
2. Attach all applicable current copies of EMT/EMT-P Certification, Advanced Cardiac Life Support and/ or Basic Cardiac life Support, current driver's license and any other certification documents.
3. Complete and sign the authorization statement sheet.
4. Return all completed forms to:

**Southwest EMS, Inc.**  
**1311C Hwy 71N**  
**Mena, AR 71953**  
**479-394-7300**  
**866-394-7300**  
**FAX 888-507-5062**

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Date \_\_\_\_\_

Date Available \_\_\_\_\_

**PERSONAL**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Home: (    ) \_\_\_\_\_ Other (    ) \_\_\_\_\_

Are you at least 21 years of age?  Yes  No

Social Security No. \_\_\_\_\_ US Citizen?  Yes  No Alien Registration # \_\_\_\_\_

If not a permanent resident, do you have a work permit?  Yes  No

Do you Speak, Read or Write any Language Other Than English?  Yes  No

Language: \_\_\_\_\_  Speak  Read  Write

Language: \_\_\_\_\_  Speak  Read  Write

Are you licensed to operate a motor vehicle  Yes  No If yes License # \_\_\_\_\_ State \_\_\_\_\_

Have you had any traffic violations in the last 4 years?  Yes  No

If yes, list violations and dates: \_\_\_\_\_

Have you been convicted of a felony within the past 5 years?  Yes  No

If yes, explain fully: \_\_\_\_\_

Are you physically and mentally capable, with or without reasonable accommodation of performing the essential functions of the position you are applying for?  Yes  No

If no, explain: \_\_\_\_\_

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**POSITION**

Position Desired: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Division Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Shift Preferred:                     8 Hour       12 Hour       24 Hour

Employment Desired:             Full Time     Part Time     PRN

Are you available to work nights & weekends?     Yes                     No

Have you worked for Southwest EMS previously?     Yes                     No

If yes, dates of employment, what department and name under which employed?  
\_\_\_\_\_

Are you known by anyone currently employed by Southwest EMS?     Yes       No

If so, please name \_\_\_\_\_

Do you have any relatives who are presently employed by Southwest EMS?     Yes       No

If so, please name \_\_\_\_\_

How did you learn of employment opportunity at Southwest EMS? \_\_\_\_\_

**QUALIFICATIONS**

**If applying for an office position do you have any of these skills?**

Typing:    WPM \_\_\_\_\_       10 Key Adding Machine       Other \_\_\_\_\_

Shorthand:    WPM \_\_\_\_\_       Word Processing, Type \_\_\_\_\_

**Professional and Technical Applicants Only:**

Are you currently Registered, Certified, Licensed or Accredited In Your Profession?     Yes     No

If Yes, By Whom? \_\_\_\_\_  Active     Inactive

\_\_\_\_\_  Active     Inactive

Are you currently Registered, Certified, Licensed or Accredited in:      Arkansas  Yes  No

Oklahoma  Yes  No    Texas  Yes  No    National Registry  Yes  No

If yes, Registration # : \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Registration # : \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Registration # : \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Has your License, Certification or Credentials Ever Been Revoked or Put on Probation? [ ] Yes [ ] No

If yes, When? \_\_\_\_\_

CPR - Exp: \_\_\_\_\_ BTLS - Exp: \_\_\_\_\_ NREMT - Exp: \_\_\_\_\_

ACLS - Exp: \_\_\_\_\_ PALS - Exp: \_\_\_\_\_ NALS - Exp: \_\_\_\_\_

**EDUCATION**

	Graduated?	Dates	Degree Obtained
High School _____	[ ] Yes [ ] No	_____	_____
Address (City, State, Zip): _____			
College/University _____	[ ] Yes [ ] No	_____	_____
Address (City, State, Zip): _____			
EMT/EMT-P School _____	[ ] Yes [ ] No	_____	_____
Address (City, State, Zip): _____			

**MILITARY SERVICE (US ARMED FORCES ONLY)**

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Service \_\_\_\_\_ Branch \_\_\_\_\_

Entry Rank \_\_\_\_\_ Separation Rank \_\_\_\_\_

Present Reserve Status

**Active Reserve**

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Service \_\_\_\_\_ Branch \_\_\_\_\_

**Inactive Reserve**

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Service \_\_\_\_\_ Branch \_\_\_\_\_

Rate or Rank \_\_\_\_\_ Do you attend Military Summer Camp [ ] Yes [ ] No

Military Summer Camp Until What Year? \_\_\_\_\_ How Many Weeks Per Year? \_\_\_\_\_

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**EMPLOYMENT HISTORY**

Please give accurate, complete full-time and part-time employment records. Start with present or most recent employer. For the purpose of reference checks, indicate if you worked under a different name.

May we contact this employer? [ ] Yes [ ] No

Employer \_\_\_\_\_ (Dates) From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor Phone # ( ) \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Duties \_\_\_\_\_

May we contact this employer? [ ] Yes [ ] No

Employer \_\_\_\_\_ (Dates) From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor Phone # ( ) \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Duties \_\_\_\_\_

May we contact this employer? [ ] Yes [ ] No

Employer \_\_\_\_\_ (Dates) From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor Phone # ( ) \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Duties \_\_\_\_\_

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<b>PROFESSIONAL REFERENCES</b>	
Name _____	Occupation _____
Address _____	
Phone _____	Years Known _____
Name _____	Occupation _____
Address _____	
Phone _____	Years Known _____
Name _____	Occupation _____
Address _____	
Phone _____	Years Known _____

**EMPLOYMENT AGREEMENT**

**Please read carefully before signing. If you have any questions regarding the following statement, please ask the Personnel Representative.**

Receipt of this application and the granting of an interview does not imply that the applicant will be hired.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me for further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references and any and all physical examinations and drug screening requirements. I understand that my employment is for no stated term and may be terminated by me or Southwest EMS, Inc at any time.

If employed by Southwest EMS, Inc., I will comply and conform to all of SWEMS policies, procedures and regulations and I understand that if my employment is terminated and/or suspended for any reason, I must return all property of SWEMS in my custody including keys, identification badge, manuals, equipment, uniforms and patient care run forms before I am entitled to final payment of any sum which may otherwise be due to me upon separation of employment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_