



EMPLOYMENT APPLICATION

To be considered for a position with Piedmont Triad Ambulance & Rescue, Inc. please follow the instructions below: ***Only complete application packets will be accepted and considered.***

1. Complete the attached application.
2. Attach a Criminal History from the State of North Carolina (if you have resided out- of- state within the last year, provide a criminal history for that state in addition to the NC history).
3. Attach a copy of your current NCOEMS Credential. A **Minimum of EMT Level** is required.
4. Attach a copy of your **North Carolina** Driver's License.
5. Attach a copy of any other relevant certifications, such as Haz-Mat Awareness, CPR, etc.
6. Please return the above information to Piedmont Triad Ambulance & Rescue, Inc.

IN PERSON

1422 South Main Street, High Point, North Carolina 27260

Or

MAIL

P.O. Box 534, High Point, North Carolina 27261-0534

Or

EMAIL

(All emailed applications must be scanned as a pdf document and must contain your hand-written signature on the Truth and Authorization Agreement)

Paula Lineberry, Chief
Janet Gray, Crew Chief

lineberry747@northstate.net
janetgray1966@yahoo.com

7. For questions contact the Chief or Operations Manager at: 336-887-3411 or 336-272-1001

We look forward to hearing from you, and we appreciate your interest in
Piedmont Triad Ambulance & Rescue, Inc.

PIEDMONT TRIAD AMBULANCE & RESCUE, INC.

EMPLOYMENT APPLICATION

(Please Print)

Date: _____

Name: _____ Social Security #: _____

Street: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Other Phone: (____) _____ Email: _____

How did you learn of this company? _____

Type of Work Desired: **EMT** **AEMT** **Non-credentialed DRIVER (temporary position)**

What is your minimum weekly salary requirement? _____

Date available for work: _____

Do you have any commitments to another employer that might affect your employment with us?

Training: Monthly Continuing Education is provided while you are off duty. Are you willing to take this training in order to meet out local education guidelines? Yes No

I **have had** the Hepatitis-B vaccine & can provide proof

I **have not** had the Hepatitis-B vaccine

I **would not** like to have the Hepatitis-B vaccine

I **would like to have** the Hepatitis-B vaccine at no cost

I agree to provide, at my expense, to Piedmont Triad Ambulance & Rescue, Inc. a copy of my local and state criminal record. If previous residence is from another state, a record from that state will also be provided.

Signature

PIEDMONT TRIAD AMBULANCE & RESCUE, INC.

EMPLOYMENT APPLICATION

Page-2

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, religion, color, natural origin or disability.)

Truth and Authorization Agreement

(Please Read the Following Statement Carefully)

I hereby affirm that the information provided on this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time, at the discretion of either the company or myself. I understand that no management official other than the Chief or Assistant Chief of the company has any authority to enter into any agreement contrary to the foregoing, or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying documents, if any) to provide any relevant information that may be required to arrive at any employment decision.

This application will be active for a minimum of 180 days. I understand that if I am not hired within 180 days, I must reapply in order to again be considered for employment.

Also, if I am accepted as an employee, I agree to turn in any equipment, uniforms, etc., belonging to the Rescue Squad if I should become disassociated from the organization.

Printed Name _____ Signature _____ Date _____

PIEDMONT TRIAD AMBULANCE & RESCUE, INC.

EMPLOYMENT APPLICATION

Page-3

SCHOOLS YOU HAVE ATTENDED	PRINT NAME, NUMBER AND STREET, CITY STATE, AND ZIP CODE FOR EACH SCHOOL	NUMBER OF YEARS COMPLETED	DEGREE, MAJOR OR TYPES OF COURSES
HIGH SCHOOL			
COLLEGE			
COLLEGE			
OTHER			
OTHER			

Military Experience:

Were You In The U.S. Armed Forces? Yes No If Yes, What Branch? _____

Dates of Duty From: _____ To: _____ Rank At Separation: _____

Briefly Describe Your Duties: _____

Did you receive an Honorable Discharge? **YES** **NO**

PREVIOUS PLACES OF EMPLOYMENT

COMPANY NAME:	DATES OF EMPLOYMENT:
ADDRESS:	SALARY: STARTING: ENDING:
TELEPHONE:	REASON FOR LEAVING:
JOB TITLE:	
DESCRIPTION OF YOUR WORK:	

PIEDMONT TRIAD AMBULANCE & RESCUE, INC.

EMPLOYMENT APPLICATION

Page-4

PREVIOUS PLACES OF EMPLOYMENT

COMPANY NAME:	DATES OF EMPLOYMENT:
ADDRESS:	SALARY: STARTING: ENDING:
TELEPHONE:	REASON FOR LEAVING:
JOB TITLE:	
DESCRIPTION OF YOUR WORK:	

COMPANY NAME:	DATES OF EMPLOYMENT:
ADDRESS:	SALARY: STARTING: ENDING:
TELEPHONE:	REASON FOR LEAVING:
JOB TITLE:	
DESCRIPTION OF YOUR WORK:	

COMPANY NAME:	DATES OF EMPLOYMENT:
ADDRESS:	SALARY: STARTING: ENDING:
TELEPHONE:	REASON FOR LEAVING:
JOB TITLE:	
DESCRIPTION OF YOUR WORK:	