

# FIRST ON SCENE EMS FIRST ON SCENE EVENT MEDICAL SERVICES



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Address: 8519 El Modena Ave, Elverta CA 95843

CONTRACTOR INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for <b>EMERGENCY MEDICAL TECHNICIAN - BASIC</b>			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

**PREVIOUS EXPERIENCE / RELEVANT WORK (MUST BE FILLED OUT, EVEN IF ATTACHING A RESUME)**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I, the undersigned, do hereby declare the information provided on these pages to be true and complete to the best of my knowledge. I understand that falsified statements on this application shall be grounds for immediate termination.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability from any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for me to provide EMS services for any specified period of time, or to take any agreement contrary to the foregoing, unless it is in writing and authorized by a company representative.

Signature	Date
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# FIRST ON SCENE EMS FIRST ON SCENE EVENT MEDICAL SERVICES

Certification and Immunization Information



**REMEMBER TO ATTACH COPIES OF ALL CERTIFICATIONS AND IMMUNIZATIONS TO THIS APPLICATION**

<b>CERTIFICATIONS:</b>		MM/DD/YY	<b>FOS Use Only</b>
Local EMS Agency EMT  Certificate #: _____	Certifying Agency:	Certificate Expiration:  _____	Copy on File: <input type="checkbox"/>  Verified By:  Date Verified:
National Registry EMT  Certificate #: _____  NREMT EMT Level: Basic <input type="checkbox"/> I/85 <input type="checkbox"/> I/99 <input type="checkbox"/> Paramedic <input type="checkbox"/>  I do not have NREMT: <input type="checkbox"/>		NREMT Expiration:  _____	Copy on File: <input type="checkbox"/>  Verified By:  Date Verified:
BLS (CPR):	BLS Organization:  AHA <input type="checkbox"/> Red Cross <input type="checkbox"/> Heart Start <input type="checkbox"/> Cal Fire <input type="checkbox"/> Other: <input type="checkbox"/>  If Other, Please state: _____	Expiration:  _____	Copy on File: <input type="checkbox"/>  Verified By:  Date Verified:
CA Drivers License #:  _____	Any restrictions?  _____	Expiration:  _____	Copy on File: <input type="checkbox"/>  Verified By:  Date Verified:
I do not have a drivers license: <input type="checkbox"/>			
CA Ambulance Drivers License #:  I do not have an ADL: <input type="checkbox"/>		Expiration:  _____	Copy on File: <input type="checkbox"/>  Verified By:  Date Verified:
CA DL-51:  I do not have a DL-51: <input type="checkbox"/>		Expiration:  _____	Copy on File: <input type="checkbox"/>  Verified By:  Date Verified:

<b>IMMUNIZATIONS:</b>	MM/DD/YY	<b>FOS Use Only</b>
Hepatitis A:	Dose 1 Date: _____ Dose 2 Date: _____	Copy on File: <input type="checkbox"/>  Verified By:  Date Verified:
Hepatitis A:	Dose 1 Date: _____ Dose 2 Date: _____ Dose 3 Date: _____	Copy on File: <input type="checkbox"/>  Verified By:  Date Verified:
PPD (Must be within 1 year):	Date: _____	Copy on File: <input type="checkbox"/>  Verified By:  Date Verified:

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Supplemental Questions



Tell us why you are interested in providing services to First On Scene EMS:

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Have you provided EMS services at events? Yes:  No:

If yes, what types of events? \_\_\_\_\_

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Have you ever had your EMT certificate suspended, limited, or revoked? Yes:  No:

If yes, please explain: \_\_\_\_\_

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Have you ever been accused of malpractice or working outside your scope of practice? Yes:  No:

If yes, please explain: \_\_\_\_\_

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Have you ever been convicted of a felony or serious misdemeanor? Yes:  No:

If yes, please explain, including disposition: \_\_\_\_\_

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**FIRST ON SCENE EMS**  
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Capability Certification



**Your Name:** \_\_\_\_\_

**Position: Emergency Medical Technician – Basic**

**Please read and sign the following statement:**

I understand that this work is demanding, performed in all-weather situations (i.e. cold, hot, rain, hail, snow, etc), may be in rugged or remote territory, and requires a certain level of physical capability to perform the work safely. This includes (but is not limited to):

- Lifting and carrying equipment to and from patients. Equipment may weigh as much as 50 pounds
- Hiking and walking to patient, up to 2 miles
- Standing for extended periods of time
- Bending, squatting, pushing, pulling
- Assisting with patient transport, including lifting patient with assistance from others

I do certify that I meet the physical capability of safely executing the duties and responsibilities of the position (e.g. lifting, prolonged standing, bending, pushing, pulling and assisting with patient transport).

I also certify that if I am no longer capable of performing these functions, I will immediately notify FOS, even if it is a temporary situation.

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