

# VITALINK

## EMPLOYMENT APPLICATION (CLINICAL)

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last First M.I.

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(physical & mailing) Street City State Zip

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, race, religion, age, creed, national origin, pregnancy, military status or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_ Which would you prefer?  Full-time  Part-time

For which schedules are you available?  Weekdays  Weekends  Evenings  Nights

List states and counties of residence for the past seven years. \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of a misdemeanor, felony and/or served time in the past seven years? If so, please describe below.  
(In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

Incident	City/State	Charge

If applying for EMT position:

Do you have the appropriate valid drivers license? DL#: \_\_\_\_\_ State: \_\_\_\_\_

Have you had any driving tickets or accidents in the last five (5) years? Please describe: \_\_\_\_\_

Yes  No Have you been given a job description or had the requirements of the job explained to you?

Yes  No Do you understand these requirements?

Yes  No Can you perform the requirements of this job with or without reasonable accommodation?

EMT Certifications (if applicable)

	Original Date of Certification	State	School	Number	Expiration Date
EMT-A	_____	_____	_____	_____	_____
EMT-I	_____	_____	_____	_____	_____
EMT-P	_____	_____	_____	_____	_____
EMT-D	_____	_____	_____	_____	_____

EDUCATION	Name	City/State	Dates	Graduate?
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

**EMPLOYMENT REFERENCES** Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical.*

**MOST RECENT EMPLOYER** \_\_\_ Yes \_\_\_ No Are you currently working for this employer? If yes, may we contact? \_\_\_\_\_

Company Name

City / State

Phone Number

To \_\_\_\_\_ From \_\_\_\_\_

Dates Employed

Job Title

Supervisor Name

Duties

Per \_\_\_\_\_

Salary

(Hour, Week, Month)

Reason for Leaving

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**SECOND MOST RECENT EMPLOYER**

Company Name

City / State

Phone Number

To \_\_\_\_\_ From \_\_\_\_\_

Dates Employed

Job Title

Supervisor Name

Duties

Per \_\_\_\_\_

Salary

(Hour, Week, Month)

Reason for Leaving

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**THIRD MOST RECENT EMPLOYER**

Company Name

City / State

Phone Number

To \_\_\_\_\_ From \_\_\_\_\_

Dates Employed

Job Title

Supervisor Name

Duties

Per \_\_\_\_\_

Salary

(Hour, Week, Month)

Reason for Leaving

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**FOURTH MOST RECENT EMPLOYER**

Company Name

City / State

Phone Number

To \_\_\_\_\_ From \_\_\_\_\_

Dates Employed

Job Title

Supervisor Name

Duties

Per \_\_\_\_\_

Salary

(Hour, Week, Month)

Reason for Leaving

## Additional Employment Information – EMS Related ONLY

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Company Name	City / State	Phone Number
<b>To</b>	<b>From</b>	
_____	_____	_____
Dates Employed	Job Title	Supervisor Name
_____		
Duties		
_____		
<b>Per</b>		
Salary	(Hour, Week, Month)	Reason for Leaving
_____	_____	_____

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Company Name	City / State	Phone Number
<b>To</b>	<b>From</b>	
_____	_____	_____
Dates Employed	Job Title	Supervisor Name
_____		
Duties		
_____		
<b>Per</b>		
Salary	(Hour, Week, Month)	Reason for Leaving
_____	_____	_____

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Company Name	City / State	Phone Number
<b>To</b>	<b>From</b>	
_____	_____	_____
Dates Employed	Job Title	Supervisor Name
_____		
Duties		
_____		
<b>Per</b>		
Salary	(Hour, Week, Month)	Reason for Leaving
_____	_____	_____

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**REFERENCES**    Include only individuals familiar with your work ability. Do not include relatives.

Name	Address / Phone	Years Known / Relationship

**CERTIFICATION AND RELEASE**    I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. **I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.** I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_