

NuCare Carolina Ambulance, Inc.

Employment Application

			Applicant	t Information				
Full Name:						Date:		
Address:	Last		First		M.I.			
	Street Ac	Street Address		Apartment/Unit #				
	City				State	ZIP Cod	e	
Phone:			E-mail Address:					
Date Availat	ole:			Part Time	Full Time	Desired Salary:	\$ YES	NO
Position Applied for:		Are you at least 21 years old?						
			If no, are you authorized to work in the U.S.?					
Have you ev	er worke	d for this company?	YES NO	If yes, when?				
Have you ev	er been (convicted of a felony?	YES NO	If yes, explain:				
		Use	e additional docu	mentation if ne	cessary			
			Edu	ucation				
High Sc:			Address					
From:		To:	Did you graduate?	YES NO	Degree:			
College: _			Address					
From:		To:	Did you graduate?	YES NO	Degree:			
Other:			Address					
From:		To:	Did you graduate?	YES NO	Degree:			
			Refe	erences				
Please list t	hree pro	fessional references.						
Full Name:				Relationship: _				
Company:					Phone: ()		
Full Name:				Relationship:				
Company:					Phone: ()		
Full Name:				Relationship:				
Company:)		

		Previous	Employ	ment			
Company: _					Phone:	()
Address:					Supervisor:		
Job Title:		S	Starting Salary:	\$			Ending Salary: _\$
Responsibilitie	98:						
From:	To:	Reason for Le	eaving:				
May we conta	ct your previous supervisor for a	reference?	YES		NO		
Company: _					Phone:	()
Address:					Supervisor:		
Job Title: _			Starting Salary: _	\$			Ending Salary:
Responsibilitie	es:						
	To:						
May we conta	ct your previous supervisor for a	reference?	YES		NO		
Company:					Phone:	()
Address:					Supervisor:		
Job Title: _			Starting Salary:	\$			Ending Salary: _\$
Responsibilitie	es:						
	To:						
	ct your previous supervisor for a		YES		NO		
Military Service							
Branch:					From:		To:
Rank at Discharge: Type of Discharge:							
If other than honorable, explain:							
		Disclaimer	and Sig	nature	9		
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature:						Da	te:

If you are submitting your application electronically, submission of the application constitutes your acceptance of this statement.

Conditions of Employment Statement

I certify that the information I have provided on my application is complete and accurate and give NuCare Carolina the right to investigate all information given and to secure additional appropriate information if necessary. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment and hereby release from all liability all persons, companies, or corporations furnishing such information in good faith.

I understand and acknowledge that any employment relationship with NuCare Carolina is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of NuCare Carolina. Additionally, the completed application is not a contract or guarantee of employment.

I further understand that any misleading or incorrect statements or the failure to complete any part of this application not prohibited by law may render this application void and if employed, could be cause for immediate discharge. Also, I understand that if employed I would be required to abide by all rules and regulations of the Employer.

It is the policy of NuCare Carolina to ensure that its employees are free from the effects of alcohol and drugs. I understand that all applicants selected for employment must satisfactorily pass a drug screening test. Those applicants with a confirmed positive test for drugs/alcohol will not be hired.

Applicant's Signature (or Digital Signature)	Date	

If you are submitting your application electronically, submission of the application constitutes your acceptance of this statement.

Please make sure you have filled out all sections COMPLETELY and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. Once submitted, application materials become property of NuCare Carolina. An application must be received in Human Resources by 5pm on the closing date posted to ensure consideration.

Driver's License Verification Consent

Name as it appears on Driv	er's License		
Driver's License Number			
State of Issue			
Expiration			
Date of Birth			
regarding my driving record	I from the State rehicle as an er	Department of Model NuCar	ce, Inc. to obtain information lotor Vehicles. I understand re Carolina Ambulance, Inc.
Applicant's Signature (or Dig	Date		
If you are submitting your applic acceptance of this authorization	cation electronical I.	ly, submission of the	e application constitutes your
Medical P	rovider Crede	ential Verificati	on Consent
Name as it appears on Pro	vider License		
Provider Level (ie. EMT, AEM	T, Paramedic)		
Provider License Number			
State of Issue			
Expiration			
By signing this form, I authoregarding my medical provi			e, Inc. to obtain information ffice of EMS.
Applicant's Signature (or Dig	gital Signature)		Date
If you are submitting your applic acceptance of this authorization	cation electronical	ly, submission of the	e application constitutes your

Important

Please note that you must possess a valid state issued EMS provider credential for the state in which you are applying in order to function. Those providers holding only National Registry or another state's certification must apply to the Office of EMS for reciprocity, and be granted reciprocity prior to interview or employment. If you are unsure about how to apply for reciprocity or need help with the process, contact NuCare's Operations Manager at 336-705-9620.