



**PERFORMANCE
EMS**

Employment Application

PerformanceEMS.com

EMT AND PARAMEDIC / AHA INSTRUCTOR APPLICATION FOR CONTRACT

Please complete all the information on this form and attach all documents listed as pertaining to your application. Failure to provide all required information will result in delay in processing your application. We are an Equal opportunity company.

NAME:		HOME PHONE:	
ADDRESS:		WORK PHONE:	
CITY/ST/ZIP/		CELL PHONE:	
EMAIL:		Please Attach Resume	
CAN YOU PROVE LEGAL IDENTITY TO WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>		I AM LICENSED AND QUALIFIED TO PERFORM THE DUTIES OF AN EMERGENCY MEDICAL TECHNICIAN/PARAMEDIC IN THE STATE OF CALIFORNIA. YES <input type="checkbox"/> NO <input type="checkbox"/>	
		I AM A LICENSED AND QUALIFIED TO PERFORM THE DUTIES OF AN AHA CPR/FIRST AID INSTRUCTOR. YES <input type="checkbox"/> NO <input type="checkbox"/>	
EMT - License #		AHA INST #	EXP:
AEMT - License #		PALS, ACLS, PHTLS INST #	
Paramedic - License #		LEMSA's (EMT-P only)	
EMR			
RELEASE OF LIABILITY AND ACKNOWLEDGMENT OF RIGHTS			
Having submitted this application to Performance EMS, to be informed of my previous record and character, I hereby authorize Performance EMS to investigate my past record and to ascertain any and all information which may concern my record and character, whether same is of record or not, and release my present and past employers, references, and all persons whatsoever from any charge and liability for furnishing said information.			
			INITIAL <input type="text"/>
BACKGROUND DISCLOSURE			
Please note all background Reports for DOJ/FBI/DMV and Certifications are completed by verification of your Current Local Emergency Medical Service Agency and California Registry. If at any time while you are in contract with Performance EMS and your license is revoked or suspended, all contracts are null and void. You must disclose to Performance EMS of all contact information changes and license status changes.			
			INITIAL <input type="text"/>
Have you ever been released or discharged from employment or resigned to avoid such release or discharge? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If Yes, please provide date and circumstances.			
PRIVACY NOTICE			
The personal information collected is for the principal purpose of complying with applicable State and Federal laws. This information will be given to government enforcement agencies if these agencies request such information, or as otherwise required by law. Individuals have the right to review their own records in accordance with Performance EMS Privacy Policy. Your information will not be used for third party information unless mandated by law.			
			INITIAL <input type="text"/>
I certify that all statements on this form are true and complete to the best of my knowledge and belief. I understand that if contracted, that any false or incomplete information I have given may be considered cause for breach of contract and all contracts will be null and void. I understand and acknowledge that this application does not constitute an agreement or contract for employment.			
Signature _____		Date _____	