



Vital Care EMS 622 Cooper Rd -  
Piedmont, SC 29673 Phone: 864-269-  
6912

Fax: 864-269-8068

Mailing Address: PO Box 51222 - Piedmont, SC 29673

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## VITAL CARE EMERGENCY MEDICAL SERVICE APPLICATION FOR EMPLOYMENT

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Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

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Dear Applicant,

Thank you for your interest in Vital Care EMS. Our goal is to hire friendly hard-working individuals who take pride in their work and excel at patient care. We expect all employees to always act in a professional manner. To be considered for employment the following documents MUST be submitted along with your application:

- Copy of current certifications
- Copy of Driver's License
- Copy of DMV 10 year driving record
- Signed Background Check Form

Driving record may be obtained from any SCDMV or online at <https://scdmvonline.com/dmvpublic/>  
Select "Obtain your certified driving record" in the blue box on the right, under driver services.

If selected as a possible candidate for hire, you must submit to and pass a pre-employment 10 panel drug screen, DOT physical, national criminal background check and pass an OIG and EPLS database exclusion check for Medicare/Medicaid fraud.

Thank You

Vital Care EMS Management



## Application For Employment

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Piedmont, SC 29673 Phone: 864-269-6910  
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Mailing Address: PO Box 51222 - Piedmont,  
SC 29673

We are an equal opportunity Employer and  
committed to excellence through diversity.

The application must be completed in full to  
be considered. Please complete each section,  
even if you attach a resume.

## Personal Information

### Name

<u>Address</u>		<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Phone Number</u>	<u>Mobile Number</u>	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted of a Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of Birth:		Social Security #:		

If Selected for Employment, Are You Willing to Submit to a Pre-Employment Drug Screening Test?

Yes  No

## Position

Position You Are Applying For	Available Start Date	Desired Pay:
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Employment Desired

Full Time  Part Time  PRN

Willing to Work Overtime:

Shift(s) preferred (not guaranteed):

Employees are required to work at least two (2) Saturdays per month (please initial):

**EMT Basic License/Certification # (if applicable):** SC

Expiration Date:

State Issued:

**NREMT License/Certification # (if applicable):**

Expiration Date:

State Issued:

## Education

School Name	Location	Years Attended	Degree Received	Major

Have you ever had any disciplinary action taken against your license, registration, or certification?  Yes  No

If yes, please explain:

## References

Name	Title	Company	Phone

## Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Have you applied here before?  Yes  No If yes, when?

Have you ever worked for this company?  Yes  No If yes, when?

Have you ever been terminated/fired or asked to resign from employment?  Yes  NO

If yes, please explain:

May we contact your current employer for reference?  Yes  NO

Explain any gaps in Employment:

## Signature Disclaimer

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. I understand that this application is not intended to be a contract of employment, nor does this application obligate Vital Care EMS to employ me. By signing below I agree that if employment accrues I am required to work a minimum of 60 business days or I am responsible for repayment of Drug screening, Physical and Training time. The fee is up to but not exceeding \$200.00

Name (Please Print)	Signature
Date	

For Office Use Only

Position:

\_\_\_\_\_

Pay Rate: \_\_\_\_\_

Hire Date: \_\_\_\_\_

## Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering You for employment with our company.

### Racial or Ethnic Group

- American Indian/Alaskan    Asian/Pacific Islander    Black/African American  
 Hispanic/Latino    White/Caucasian    Other

### Gender

- Male    Female

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ If other than honorable, explain: \_\_\_\_\_

### How did you hear about this position?

- Internet Ad    Company Employee    Professional Publication  
 Job Fair    Web Site    Other:

## Essential Functions of Emergency Medical Services

Essential functions of the job for which you are applying for may include but are not limited to:

### Field Personnel:

- o Work as part of a team. Thorough knowledge of theoretical procedures & ability to integrate knowledge & performance into practical situations is critical.
- o Psychological: self-confidence, emotional stability, good judgment, tolerance for high stress & pleasant personality.
- o Physical Demands: Good physical stamina, endurance & body condition, which would not be adversely affected by lifting, carrying, balancing at times patients more than 125 lbs. (250 lbs. with help).
- o Deals with adverse social situations.
- o Communication: Radio transmitting and responding to Dispatch.
- o Completing all data in form of a computer/written report.
- o Temperaments: Adaptability to generalizing, evaluations or decisions based on sensory or judgmental criteria, measurable or verifiable criteria, dealing with people, perform under stress, attainment of set limits, tolerances, or standards performing variety of duties, changing from one task to another of a different nature without loss of efficiency or composure.
- o Driving, safely transporting patients, and adhering to all traffic laws.
- o Must work in outdoor/indoor conditions, in any circumstance. Effected by all environmental conditions.

**Office Personnel:**

- o Work as part of a team. Communicate with team members, patients, customers, facilities, and other individuals to answer questions or explain information, take appointments, and address complaints.
- Answer telephones, direct calls and take messages.
- o Compile, copy, sort, and file records of office activities, business transactions, medical files, and other activities.
- Review contracts, policies, invoices, or checks.
- o Operate office machines such as computers, copiers, scanners, fax machines, etc.
- o Compute, record, and proofread data and other medical information, such as records or reports.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT INFORMATION**

I certify that I have read and fully understand the Essential Functions of Emergency Medical Services, and I am able to perform the essential functions of the job for which I am applying. Additionally, I understand that if I am applying for a driver position that it is a parttime position.

Signature of Applicant:

Date:

**Working in Emergency Medical Services**

Working Hours in Emergency Medical Services is unlike any other profession:

**Work Shifts**

Work shifts may vary based on the needs of Vital Care and the patients it transports.

In general, the first team members to arrive at work will do so between 4:00 - 4:30am. The next scheduled team members come in between 8:00 - 9:00am but there could be assigned start times in between 5:00am and 9:00am. All team members are encouraged to arrive at least 10 minutes prior to your scheduled shift.

Generally, shifts do not have an exact end time. Typically, an employee will work 8—12 hours depending on the days scheduled calls. When an employee is done for the day, after dispatch has remaining calls covered, dispatch will cut the crew/truck for the day. Most of the time trucks are cut between the hours of 5:00pm and 7:00pm. There is no guarantee of getting off before or at 5:00pm or any other scheduled off time. Start times and off times may vary. At times, overtime may be required.

You may request, with at least a 3-day notice, to get off early on a certain day for a preplanned need. Vital Care EMS will do it's best to accommodate such request, but no certainty is guaranteed. DO NOT request to get off early the day of a scheduled workday.

All request for time off require a two week notice. Vital Care EMS will do it's best to accommodate the request but no certainty is guaranteed.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT INFORMATION**

I certify that I have read and fully understand Working Hours in Emergency Medical Services.

Signature of Applicant

Date:

## Applicant Statement

I certify that all information I have provided to apply for and secure work with the employer is true, complete, and correct. I understand that any information found to be false, incomplete, omitted, misleading or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional) including, but not limited to, employers, public agencies, licensing authorities, educational institutions, etc. and to otherwise verify the accuracy of all information provided by me in this application, resume" or job interview. I hereby waive all rights and claims I may have regarding the employer, its agents, employees, or representatives for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state, or local law. No question on this application is used to limit or exclude an applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

If I am hired, I agree to conform to the Company's rules, regulations, and guidelines, and I understand that these rules, regulations, and guidelines do not form a contract of employment either expressed or implied. I further agree I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment and compensation at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Director. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand, agree, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant:

Date:

