



Application for Employment

LifeStar Emergency Services, LLC is an equal opportunity employer and selects the best candidates for the job based upon job related qualifications regardless of race, gender, age, creed, color, religious belief, sexual orientation, national origin, ancestry, physical or mental handicap, or veteran status.

Please note, incomplete applications will not be considered for employment.



Application for Employment

(App – 8/11)

Applicant Information:

Position Applying for: _____

Today's Date: ____/____/____

County Applying for: _____

Name: _____
(Last) (First) (Middle) (Alias)

Address: _____
(Street) (City) (State) (Zip)

Phone Nbr: _____ Alternate #: _____

E-mail: _____

Have you ever applied or been employed by LifeStar before? ____ If yes, give date: _____

How did you hear of this opening? _____

Are you seeking? Full-time _____ Part-time _____ Temporary _____

Is there an existing work shift (Fire or EMS) that LifeStar will need to schedule around? _____

If yes, list agency and shift/platoon: _____

When will you be available for employment? _____

Drivers License Number: _____ State ____ Are you at least 21 or older? _____

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

A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.

If yes, please provide the dates, places, charges and disposition: _____

EMT Status:

Are you an EMT certified by the state of North Carolina? _____

What is your current level of certification? ____ EMT ____ EMT-I ____ EMT-P

What is the date of your certification? _____ Expiration of certification? _____



Education:

High School Name _____ Location _____

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 or G.E.D.

Other Education	Name and Location	Years	Major	Degree Earned
College				
College				
Other				

Employment History: *Begin with most recent employer*

Company Name: _____ Address: _____
 Telephone Number: _____ Name of Supervisor: _____
 Date Employed: _____ Date departed: _____ Full time _____ Part time _____
 Starting position: _____ Ending position: _____
 Starting wage: _____ Ending wage: _____ May we contact? _____
 Duties: _____

Reason for leaving: _____

Company Name: _____ Address: _____
 Telephone Number: _____ Name of Supervisor: _____
 Date Employed: _____ Date departed: _____ Full time _____ Part time _____
 Starting position: _____ Ending position: _____
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 Duties: _____

Reason for leaving: _____

List name, address and telephone number of 3 references not related to you and are not previous supervisors which can be reached between 8:00am to 9:00pm ET.

NAME	ADDRESS	TELEPHONE



I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge.

I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational, employment history and driving record. LifeStar Emergency Services, LLC is a drug free environment. I understand that I will be required to undergo pre-employment drug screening and random drug screening will occur throughout employment with LifeStar Emergency Services. LifeStar has a zero tolerance level for illegal drug use and a positive drug screening shall be considered sufficient cause for dismissal. Background checks will also be performed on perspective employees. I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager or executive of this company, other than the president has the authority to alter the foregoing. Employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. This application is current for only six months, at the conclusion of this period it will be necessary to submit a new application if the applicant still wishes to be considered for employment. I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

Signature: _____ Date: _____

Printed Full Name: _____

* By signing and completing this page, you signify that you agree with the terms stated above and that everything within this document is factual and that you are the person whom is represented in the above signature field. If you do not complete this page, your application will not be considered.

