



# Employment Application



## Position Information

Note: Fields marked with a \* require an answer. Please use "N/A" for "not applicable" if necessary.

Email:	_____
Position Applied for:	_____
Type of Work:	_____ Full Time _____ Part Time _____ PRN
*Shifts you can work:	_____ Day _____ Evening _____ Nights
	_____ 12 Hour Shifts _____ 24 Hour Shifts
*Can you work weekends:	_____ Yes _____ No
*Can you rotate hours:	_____ Yes _____ No
Available to start work:	_____ (mm/dd/yyyy)
Salary Expected:	_____

## General Information

*First Name:	_____	*Last Name:	_____
Maiden:	_____	MI:	_____
*Social:	_____	*Address:	_____
*City:	_____	*State:	_____
*Zip Code:	_____		
*Phone:	_____	Cell:	_____
U.S. Citizen:	_____ Yes _____ No	If not, are you authorized to work in the U.S.?:	_____ Yes _____ No

<b>Languages Spoken:</b>		<b>Driver's License No:</b>	<b>State:</b>
<b>Military Service:</b>	_____ Yes _____ No	<b>Service Date (mm/dd/yyyy)</b>	_____ to _____
<b>*Are you currently the subject of an investigation, or have you been convicted of patient abuse, neglect, exploitation or fraud relating to the delivery of health care services, including but not limited to, Medicare or Medicaid?:</b>	_____ Yes _____ No	<b>If yes, explain briefly:</b>	_____
<b>*Have you been excluded from participating in Medicare/Medicaid or other governmental programs?:</b>	_____ Yes _____ No	<b>If yes, explain briefly:</b>	_____
<b>*Have you ever been convicted of a felony?:</b>	_____ Yes _____ No	<b>If yes, explain briefly:</b>	_____
<b>*Are you currently on deferred adjudication for a felony?:</b>	_____ Yes _____ No		
<b>*Have you been convicted of any traffic violation in the past three years?:</b>	_____ Yes _____ No	<b>If yes, explain briefly:</b>	_____
<b>Referred By (Name/Website/Ad)</b>	_____		

## Emergency Contact

<b>Name:</b>	_____
<b>Phone:</b>	_____
<b>Address:</b>	_____
<b>City, State, Zip:</b>	_____

# Education

High School Name:	_____
Highest grade completed:	_____
Graduate:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
City, State of school:	_____
College University:	_____
City, State of school:	_____
Years Attended:	_____
Graduate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree Type:	<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/> Other
Majors:	_____
Post Graduate Courses:	_____
Current Certifications:	<input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> CCEMT-P <input type="checkbox"/> CPEMT-P <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> PALS <input type="checkbox"/> EVOC <input type="checkbox"/> CNA <input type="checkbox"/> EMD <input type="checkbox"/> Other
Previous Certifications:	<input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> CCEMT-P <input type="checkbox"/> CPEMT-P <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> PALS <input type="checkbox"/> EVOC <input type="checkbox"/> CNA <input type="checkbox"/> EMD <input type="checkbox"/> Other

# Work History

<p>*Are you currently certified as a Paramedic in the State of Colorado?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain:</p> <p>_____</p>	
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List all present and past employment, beginning with most recent - include all jobs held in last five years

Company Name:

Complete Address(w/ City,  
State, Zip):

Phone:

Salary: \_\_\_\_\_ Per Year

Supervisor:

Start Date:  
(mm/dd/yyyy)

End Date:  
(mm/dd/yyyy)

Job Title:

May we contact your  
present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason for Leaving:

Company Name:

Complete Address(w/ City,  
State, Zip):

Phone:

Salary: \_\_\_\_\_ Per Year

Supervisor:

Start Date:  
(mm/dd/yyyy)

End Date:  
(mm/dd/yyyy)

Job Title:

May we contact your  
present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason for Leaving:

**Company Name:**

**Complete Address(w/ City,  
State, Zip):**

**Phone:**

**Salary:**

**Per Year**

**Supervisor:**

**Start Date:  
(mm/dd/yyyy)**

**End Date:  
(mm/dd/yyyy)**

**Job Title:**

**May we contact your  
present employer?**

**Yes**  **No**

**Reason for Leaving:**

**Company Name:**

**Complete Address(w/ City,  
State, Zip):**

**Phone:**

**Salary:**

**Per Year**

**Supervisor:**

**Start Date:  
(mm/dd/yyyy)**

**End Date:  
(mm/dd/yyyy)**

**Job Title:**

**May we contact your  
present employer?**

**Yes**  **No**

**Reason for Leaving:**

<b>Company Name:</b>	_____
<b>Complete Address(w/ City, State, Zip):</b>	_____
<b>Phone:</b>	_____
<b>Salary:</b>	_____ Per Year
<b>Supervisor:</b>	_____
<b>Start Date:</b> (mm/dd/yyyy)	_____
<b>End Date:</b> (mm/dd/yyyy)	_____
<b>Job Title:</b>	_____
<b>May we contact your present employer?</b>	_____ Yes _____ No
<b>Reason for Leaving:</b>	_____
<b>Company Name:</b>	_____
<b>Complete Address(w/ City, State, Zip):</b>	_____
<b>Phone:</b>	_____
<b>Salary:</b>	_____ Per Year
<b>Supervisor:</b>	_____
<b>Start Date:</b> (mm/dd/yyyy)	_____
<b>End Date:</b> (mm/dd/yyyy)	_____
<b>Job Title:</b>	_____
<b>May we contact your present employer?</b>	_____ Yes _____ No
<b>Reason for Leaving:</b>	_____

# References

Personal References (Not Former Employers or Relatives - Complete addresses and phone numbers are required)	
<b>Name:</b> _____ <b>Address:</b> _____	<b>Occupation:</b> _____ <b>Day Phone Numbers:</b> _____
<b>Name:</b> _____ <b>Address:</b> _____	<b>Occupation:</b> _____ <b>Day Phone Numbers:</b> _____
<b>Name:</b> _____ <b>Address:</b> _____	<b>Occupation:</b> _____ <b>Day Phone Numbers:</b> _____
<b>Name:</b> _____ <b>Address:</b> _____	<b>Occupation:</b> _____ <b>Day Phone Numbers:</b> _____

## Authorization (Terms & Conditions)

I hereby authorize Mustard Seed Healthcare Inc. to contact, obtain and verify the accuracy of the information contained in this employment application from all previous employers, educational institutions and references. I also hereby release from liability Mustard Seed Healthcare Inc. and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for the cancellation of this application or immediate termination of my employment when it has been or is discovered. If I become an Mustard Seed Healthcare Inc. employee, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, I acknowledge and understand that either I or Mustard Seed Healthcare Inc. can terminate the relationship at will, with or without cause at any time so long as there is no violation of applicable federal and/or state law(s). I understand that it is the policy of Mustard Seed Healthcare Inc. not to refuse to hire or otherwise discriminate against a qualified individual by the American Disabilities Act (ADA). I also understand that if I become employed, it is my responsibility to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. I represent and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

**I agree with the terms and conditions above.**

**I represent that I have fully understood the questions above, that my answers are truthful and accurate, and that the omission of any material fact, commission of any statement, and / or any attempt to misrepresent the truth will result in immediate termination.**

**Applicant's Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_