

AMBULANCE ASSOCIATES, INC.

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

(Please Print)

Date: _____

Name: _____ Social Security #: _____
(Last) (First) (MI)

Driver's License #: _____

Address: _____ Are you at least 21 years old? **Yes No**

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Position Desired: **EMT - B EMT - I EMT - P** Income Expected: _____

Referred By: _____

Do you have any traffic violations/points/accidents on your driving record? **Yes No**

If yes, list violations/dates: _____

Do you have any criminal violations/arrests/convictions? **Yes No**

If yes, list violations/dates: _____

Are you prevented from lawfully becoming employed in the USA because of Visa or immigration status? **Yes No**

Are you employed now? **Yes No** If yes, may we inquire of your present employer? **Yes No**

EDUCATION / CERTIFICATIONS

Emergency Medical Technician Certification

Circle Highest: **EMT - B EMT - I EMT - P** Certificate #: _____

Granting Institution: _____ Date Received: _____

Are you currently functioning as an EMT in Stark County? **Yes No**

Current AHA Healthcare Provider (CPR) Card? **Yes No** Expiration: _____

Current AHA ACLS Provider Card? (EMT-P only) **Yes No** Expiration: _____

High School Name, location _____

Diploma: Yes _____ No _____ GED _____

College / Technical School Name, location _____

Degree: _____ Certificate: _____

Subjects of special study or research work: _____

US Military Service Branch: _____

Years _____ Specialty _____ Ending Rank _____

Honorable Discharge **Yes No** Year _____ Active Reservist **Yes No**

EMPLOYMENT HISTORY (Current or most recent first)

Company/Location: _____

Employed From: _____ To: _____

Job Description: _____

Reason for Leaving: _____

Company/Location: _____

Employed From: _____ To: _____

Job Description: _____

Reason for Leaving: _____

Company/Location: _____

Employed From: _____ To: _____

Job Description: _____

Reason for Leaving: _____

REFERENCES (Provide names and phone #'s of four people who can speak about applicant's work. **Applicant is expected to contact these people and provide them permission to discuss applicant's work with a representative of Ambulance Associates, Inc.**)

Name: _____ Phone: _____

E-Mail Address: _____ How does this person know about your work?

Name: _____ Phone: _____

E-Mail Address: _____ How does this person know about your work?

Name: _____ Phone: _____

E-Mail Address: _____ How does this person know about your work?

Name: _____ Phone: _____

E-Mail Address: _____ How does this person know about your work?

In case of Emergency Notify:

Name	Address	Phone #	Relationship
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I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment can be terminated, with or without cause, and with or without notice. At any time, at either my or the company's option, 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. I understand that no company representative other than it's president and/or chief financial officer, and then only when in writing and signed by such, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.			
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Date: _____ Signed: _____

Office Use only:

Ambulance Associates, Inc.

In accordance with Ohio Administrative Code section 4766-2, 4766-3, and Ohio Department of Job and Family Services Regulations, all prospective employees must submit him/herself for a criminal background check at the time of hiring and annually thereafter in accordance with section 109.572 of the ORC. Any applicant who has been Charged with, Convicted of or Pleased guilty to any of the following violations shall not provide transportation services to medicaid patients. As Medicaid patients make up a large portion of our clients, anyone who has been Charged with, Convicted of, or Pleased guilty to any of the following Violations is therefore not eligible for employment with Ambulance Associates, Inc.

959.13	Cruelty to Animals	2913.11	Passing Bad Checks
2903.01	Aggravated Murder	2913.21	Misuse of Credit Cards
2903.02	Murder	2913.31	Forgery - Forging ID Cards or Selling or Distributing Forged ID Cards
2903.03	Voluntary Manslaughter	2913.40	Medicaid Fraud
2903.04	Involuntary Manslaughter	2913.43	Securing Writings by Deception
2903.11	Felonius Assault	2913.47	Insurance Fraud
2903.12	Aggravated Assault	2913.49	Identity Fraud
2903.13	Assault	2913.51	Receiving Stolen Property
2903.15	Permitting Child Abuse	2917.01	Inciting to Violence
2903.16	Failing to Provide for functionally impaired	2917.02	Aggravated Rioting
2903.21	Aggravated Menacing	2917.03	Riot
2903.211	Menacing by Stalking	2917.31	Inducing Panic
2903.22	Menacing	2919.12	Unlawful Abortion
2903.34	Patient Abuse: Assault	2919.22	Endangering Children
2905.01	Kidnapping	2919.224	Misrepresentation Relating to Provision of Child Care
2905.02	Abduction	2919.225	Disclosure & Notice Regarding Death or Injury of Child in a Facility
2905.05	Criminal Child Enticement	2919.23	Interference with Custody
2905.11	Extortion	2919.24	Contributing to Unruliness or Delinquency of Child
2905.12	Coercion	2919.25	Domestic Violence
2907.02	Rape	2921.03	Intimidation
2907.03	Sexual Battery	2921.11	Perjury
2907.04	Corruption of a Minor	2921.13	Falsification
2907.05	Gross Sexual Imposition	2921.14	Making False Report of Child Abuse
2907.06	Sexual Imposition	2921.34	Escape
2907.07	Importuning	2921.35	Aiding Escape to Lawful Authority
2907.08	Voyeurism	2921.36	Illegal Conveyance of Weapons, Drugs, or Prohibited Items to a Detention Facility
2907.09	Public Indecency	2923.01	Conspiracy
2907.21	Compelling Prostitution	2923.02	Attempt to Commit an Offence
2907.22	Promoting Prostitution		
2907.23	Procuring		
2907.25	Prostitution After HIV Test		
2907.31	Disseminating Matter Harmful to Juveniles		
2907.32	Pandering Obscenities		

2907.321	Pandering Obscenities Involving a Minor	2923.03	Complicity
2907.322	Pandering Sexually Oriented Matter Involving a Minor	2923.12	Carrying Concealed Weapon
2907.323	Illegal Use of a Minor in Nudity Oriented Material	2923.13	Having Weapon Under Disability
2909.02	Aggravated Arson	2923.161	Discharging a Firearm at or into Habitation
2909.03	Arson	2925.02	Corrupting Another with Drugs
2909.23	Making Terroristic Threat	2925.03	Trafficking in Drugs
2909.24	Terrorism	2925.04	Manufacturing Drugs/Growing Marijuana
2911.01	Aggravated Robbery	2925.05	Funding Trafficking
2911.02	Robbery	2925.06	Administering or Distributing Anabolic Steroids
2911.11	Aggravated Burglary	2925.11	Possession of Controlled Substances
2911.12	Burglary	2925.13	Permitting Drug Abuse
2911.13	Breaking & Entering	2925.22	Deception to Obtain a Dangerous Drug
2913.02	Theft	2925.23	Illegal Processing of Drug Documents
2913.03	Unauthorized Use of Vehicle	2927.12	Ethnic Intimidation
2913.04	Unauthorized use of Property, Computer, Cable, or Telecommunication Equipment	3716.11	Placing Harmful Objects in Food or Confections
		Any Other Felony Not Listed Above	

I affirm that I have not been Charged with, Convicted of, or Pleaded guilty to any of the above listed Ohio Revised Code Violations, and understand that I will have to submit fingerprints annually through the Ohio Bureau of Investigation or the Federal Bureau of Investigation, (If not an Ohio resident for the last 5 years.

Signature:

Print Name:

Date:

Ambulance Associates, Inc.

DISCLOSURE AND RELEASE

In connection with my application for employment with Ambulance Associates, Inc:

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to obtain information as to the name, address, and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure Motor Vehicle Reports at any time during my employment, membership, or contract period.

(Signature)

(Date)

(Print Name)

(Social Security Number)

(Driver's License Number)

(License issuing State)

STATE ISSUED LICENSE

In accordance with section 2909.32 (A)(2)(a) of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NON-ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for a license of material assistance/non assistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MI
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME		PHONE	
BUSINESS ADDRESS			
CITY	STATE	ZIP	COUNTY
BUSINESS/ORGANIZATION REPRESENTATIVE NAME		TITLE	

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes" or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
4. Have you solicited any individual for membership on an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
6. Have you hired or compensated a person you know to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? ☐ Yes ☐ No

If an applicant's license is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

APPLICANT SIGNATURE X	DATE
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- Afghan Support Committee (a.k.a. Ahya ul Turas; a.k.a. Jamiat Ayat-ur-Rhas al Islamia; a.k.a. Jamiat Ihya ul Turath al Islamia; a.k.a. Lajnat el Masa Eidatul Afghania)
- Al Taqwa Trade, Property and Industry Company Ltd. (f.k.a. Al Taqwa Trade, Property and Industry; f.k.a. Al Taqwa Trade, Property and Industry Establishment; f.k.a. Himmat Establishment; a.k.a. Waldenberg, AG)
- Al-Hamati Sweets Bakeries
- Al-Ittihad al-Islami (AIAl)
- Al-Manar
- Al-Ma'unah
- Al-Nur Honey Center
- Al-Rashid Trust
- Al-Shifa Honey Press for Industry and Commerce
- Al-Wafa al-Igatha al-Islamia (a.k.a. Wafa Humanitarian Organization; a.k.a. Al Wafa; a.k.a. Al Wafa Organization)
- Alex Boncayao Brigade (ABB)
- Anarchist Faction for Overthrow
- Army for the Liberation of Rwanda (ALIR) (a.k.a. Interahamwe, Former Armed Forces (EX-FAR))
- Asbat al-Ansar
- Babbar Khalsa International
- Bank Al Taqwa Ltd. (a.k.a. Al Taqwa Bank; a.k.a. Bank Al Taqwa)
- Black Star
- Continuity Irish Republican Army (CIRA) (a.k.a. Continuity Army Council)
- Darkazanli Company
- Dhamat Houmet Daawa Salafia (a.k.a. Group Protectors of Salafist Preaching; a.k.a. Houmat Ed Daawa Es Salafiya; a.k.a. Katibat El Ahoual; a.k.a. Protectors of the Salafist Predication; a.k.a. El-Ahoual Battalion; a.k.a. Katibat El Ahouel; a.k.a. Houmate Ed-Daawa Es-Salafia; a.k.a. the Horror Squadron; a.k.a. Djamaat Houmat Eddawa Essalafia; a.k.a. Djamaat Houmat Ed Daawa Es Salafiya; a.k.a. Salafist Call Protectors; a.k.a. Djamaat Houmat Ed Daawa Es Salafiya; a.k.a. Houmate el Da'awaa es-Salafiya; a.k.a. Protectors of the Salafist Call; a.k.a. Houmat ed-Daawaa es-Salafia; a.k.a. Group of Supporters of the Salafiste Trend; a.k.a. Group of Supporters of the Salafist Trend)
- Eastern Turkistan Islamic Movement (a.k.a. Eastern Turkistan Islamic Party; a.k.a. ETIM; a.k.a. ETIP)
- First of October Antifascist Resistance Group (GRAPO) (a.k.a. Grupo de Resistencia Anti-Fascista Primero De Octubre)
- Harakat ul Jihad i Islami (HUJI)
- International Sikh Youth Federation
- Islamic Army of Aden
- Islamic Renewal and Reform Organization
- Jamiat al-Ta'awun al-Islamiyya
- Jamiat ul-Mujahideen (JUM)
- Japanese Red Army (JRA)
- Jaysh-e-Mohammed
- Jayshullah
- Jerusalem Warriors
- Lashkar-e-Tayyiba (LET) (a.k.a. Army of the Righteous)
- Libyan Islamic Fighting Group
- Loyalist Volunteer Force (LVF)
- Makhtab al-Khidmat
- Moroccan Islamic Combatant Group (a.k.a. GICM; a.k.a. Groupe Islamique Combattant Marocain)
- Nada Management Organization (f.k.a. Al Taqwa Management Organization SA)
- New People's Army (NPA)
- Orange Volunteers (OV)
- People Against Gangsterism and Drugs (PAGAD)
- Red Brigades-Combatant Communist Party (BR-PCC)
- Red Hand Defenders (RHD)
- Revival of Islamic Heritage Society (Pakistan and Afghanistan offices – Kuwait office not designated) (a.k.a. Jamia Ihya ul Turath; a.k.a. Jamiat Ihia Al- Turath Al-Islamiya; a.k.a. Revival of Islamic Society Heritage on the African Continent)
- Revolutionary Proletarian Nucleus
- Revolutionary United Front (RUF)
- Salafist Group for Call and Combat (GSPC)
- The Allied Democratic Forces (ADF)
- The Islamic International Brigade (a.k.a. International Battalion, a.k.a. Islamic Peacekeeping International Brigade, a.k.a. Peacekeeping Battalion, a.k.a. The International Brigade, a.k.a. The Islamic Peacekeeping Army, a.k.a. The Islamic Peacekeeping Brigade)
- The Lord's Resistance Army (LRA)
- The Pentagon Gang
- The Riyadus-Salikhin Reconnaissance and Sabotage Battalion of Chechen Martyrs (a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion, a.k.a. Riyadh-as-Saliheen, a.k.a. the Sabotage and Military Surveillance Group of the Riyadh al-Salihin Martyrs, a.k.a. Riyadus-Salikhin Reconnaissance and Sabotage Battalion of Shahids (Martyrs))

- The Special Purpose Islamic Regiment (a.k.a. the Islamic Special Purpose Regiment, a.k.a. the al-Jihad-Fisi-Sabillilah Special Islamic Regiment, a.k.a. Islamic Regiment of Special Meaning)
- Tunisian Combat Group (a.k.a. GCT, a.k.a. Groupe Combattant Tunisien, a.k.a. Jama'a Combattante Tunisien, a.k.a. JCT; a.k.a. Tunisian Combatant Group)
- Turkish Hizballah
- Ulster Defense Association (a.k.a. Ulster Freedom Fighters)
- Ummah Tameer E-Nau (UTN) (a.k.a. Foundation for Construction; a.k.a. Nation Building; a.k.a. Reconstruction Foundation; a.k.a. Reconstruction of the Islamic Community; a.k.a. Reconstruction of the Muslim Ummah; a.k.a. Ummah Tameer I-Nau; a.k.a. Ummah Tameer E-Nau; a.k.a. Ummah Tameer-I-Pau)
- Youssef M. Nada & Co. Gesellschaft M.B.H.

Groups Delisted from the Terrorist Exclusion List (alphabetical listing)

- Communist Party of Nepal (Maoist) (a.k.a. CPN(M); a.k.a. the United Revolutionary People's Council, a.k.a. the People's Liberation Army of Nepal)