



**EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No \_\_\_\_\_ Cell Phone No \_\_\_\_\_

Email Address: \_\_\_\_\_

**WORK EXPERIENCE**

\_\_\_\_\_  
Current or Last Employer City State

\_\_\_\_\_  
Starting Date (mo./ yr.) Ending Date (mo./ yr.) Starting Salary Ending Salary

\_\_\_\_\_  
Name of Supervisor Supervisor's Phone Number

Were you terminated? If yes, why were you terminated? \_\_\_\_\_

If not, state reason(s) for wanting to change jobs/employer. \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_

\_\_\_\_\_  
Current or Last Employer City State

\_\_\_\_\_  
Starting Date (mo./yr.) Ending Date (mo./yr.) Starting Salary Ending Salary

\_\_\_\_\_  
Name of Supervisor Supervisor's Phone Number

Were you terminated? If yes, why were you terminated? \_\_\_\_\_

If not, state reason(s) for wanting to change jobs/employer. \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_

If you were referred by a current employee please list their name. \_\_\_\_\_

**DISCLOSURE AND RELEASE**

In connection with my application for employment with Gold Star EMS, LLC, I understand that consumer reports, which may contain public record information, may be requested. These reports may include the following types of information: names and dates of employment, reason for termination of employment, accidents, work experience, etc. I further understand that such reports may contain public record information concerning my driving record, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize, without reservation, any person or entity contacted by Gold Star EMS, LLC or its agent or agents to furnish the above-stated information, and I release any such person or entity from any liability for furnishing such information.

**SIGNATURE**

By signing this application for employment, I certify that I have read and understand all parts of it and certify that I have truthfully and completely answered all questions. I understand that falsification of any of the information given herein or on any other employment form is grounds for immediate termination, regardless of when such falsification may be discovered.

I authorize Gold Star EMS, LLC and its representatives to investigate my education, employment experience, criminal conviction records, and all other aspects of my background relevant to my proposed employment, including all statements made by me in my application for employment.

Further, I understand that employment will be contingent upon successfully passing a pre-employment drug screening test, criminal background check and physical examination. I understand my employment with Gold Star EMS, LLC is for no definite length of time. I understand my employment may be terminated at any time, with or without cause, at the option of Gold Star EMS, LLC or myself. I understand that no employee or representative of Gold Star EMS, LLC has any authority to make any agreement which is contrary to the foregoing. If accepted for employment, I agree to comply with all company policies and procedures, and with all rules and regulations made known at the time of employment or any other time thereafter, and to perform all duties assigned to me to the best of my ability.

APPLICANT:

Print Name:

Signature:  Date:

**PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM**

I hereby consent to submit to specimen tests as shall be determined by Gold Star EMS, LLC dba Gold Star Ambulance (“Gold Star”) in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Gold Star may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this company.

I further agree to hold harmless the company and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DISCLOSURE FOR CONSUMER REPORTS

### Disclosure

In connection with my application for employment (including contract or volunteer services) with **Gold Star EMS, LLC**. I understand consumer reports will be requested by Company and its Agency. These reports may include names and dates of previous employers, reason for termination of employment, work experience, educational history, accidents, licensure, credit reports, etc., as applicable and allowed by law. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal and civil records, etc., from government and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers, past or current associates of mine, etc.) to gather information regarding my work, character, general reputation, and personal characteristics, and professional or educational qualifications may be obtained.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights by signing this form.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## AUTHORIZATION FOR CONSUMER REPORTS

I hereby authorize procurement of consumer and investigative report(s) by Company from Agency. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: B&B Reporting, ("Agency"), 401 South Market Street, Scottsboro, Alabama 35768, telephone number (256) 574-2524, (toll free telephone number) 844-757-1356, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.bbreporting.com](http://www.bbreporting.com).

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights by signing this form.

I authorize Company and Agency and my employer to use email communication with me to provide me with notices and information regarding any report or use of such report. The background check Disclosure and Authorization forms, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by Company or Agency.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BACKGROUND CHECK INFORMATION:**

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Email \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Nickname(s) Used \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

**Name-Based Criminal Background History Record Information Consent/Inquiry Form**

I hereby authorize \_\_\_\_\_ Alto Police Department \_\_\_\_\_ to conduct an inquiry for  
Agency/Company  
**Gold Star EMS, LLC** \_\_\_\_\_ (company)  
 and B&B Reporting, Inc. with the purpose(s) listed below and receive any Georgia and/or national  
 criminal background history record information as authorized by state and federal law.

Full Name (print)			
AKA name(s)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 10 days from date of signature.

I, \_\_\_\_\_, give consent to the above-named  
 entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Purpose Code Used: (check one that apply)

<input checked="" type="checkbox"/>	E - Employment
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children

**Official use only:**

Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
 Agency Designee Signature and Title

\_\_\_\_\_  
 Date