



**MedWay Ambulance Service, LLC**  
 1921 W. Sumter St. Florence, S.C. 29501  
 P.O. Box 4007 Florence, S.C. 29502  
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 Email: k.huggins@medwaysc.com.com  
 www.medwaysc.com

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
                     Last                      First                      Middle                      (Maiden)

Present address \_\_\_\_\_  
                                     Number                      Street                      City                      State                      Zip

Marital status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ SS#: \_\_\_\_\_

e-mail \_\_\_\_\_

### EMPLOYMENT DESIRED

Position(s) applied for \_\_\_\_\_ Salary Desired: \_\_\_\_\_ HR/Year (Circle)

Employment desired      ☐ FULL-TIME ONLY      ☐ PART-TIME ONLY

When are you available to start work?

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALISATION	NUMBER OF YEARS COMPLETED
High School				
College/ university				
Professional or Graduate School				

## WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Reason for leaving (be specific)			
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		From To	Start Final
	Your last job title		

Reason for leaving (be specific)
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.



Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to be subject to random Drug-screen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____
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Have you ever been employed with this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when? _____			
Do you have any friends or relatives employed by this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide their names and relationship to you. _____			
<b>REFERENCES</b>			
Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.			
Name		Occupation	
Company name	Address		
Telephone	E-mail	Years acquainted	
Name		Occupation	
Company name	Address		
Telephone	E-mail	Years acquainted	
Name		Occupation	
Company name	Address		
Telephone	E-mail	Years acquainted	

## APPLICATION FORM WAIVER – PLEASE READ CAREFULLY

In exchange for the consideration of my job application by MedWay Ambulance Service, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other *MedWay Ambulance Service* practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Director/Owner of *MedWay Ambulance Service*. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that *MedWay Ambulance Service* may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give *MedWay Ambulance Service* permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release *MedWay Ambulance Service* from any liability as a result of such contract.

I also understand that (1) *MedWay Ambulance Service* has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, *MedWay Ambulance Service* may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, *MedWay Ambulance Service*, will provide me with additional information concerning the nature and scope of any such report requested by it.

I further understand that my employment with *MedWay Ambulance Service* shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with *MedWay Ambulance Service* is terminable at will for any reason by either party.

I also agree by signing this application I enter in an agreement with *MedWay Ambulance Service* stating that if my employment with *MedWay Ambulance Service* is terminated either by my own actions or by Administration that I will not pursue any of the patients that are under MedWay's care for my own benefit shall I leave and gain employment with another company and if I do so, legal actions can be held against me in the future.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Credentials	Name	Location	State & Certification #	Year of Expiration
EMT				
Paramedic				
Hazmat				
All Other Certifications: <i>(EVDT, EVOC, NIMS, etc...)</i>				