



Cardinal
Ambulance Services, Inc.

716 B THIMBLE SHOALS BLVD
NEWPORT NEWS, VA 23606
(757) 594-9800 office
Email : hr@cardinalambulanceservices.com

Thank you for your interest in Cardinal Ambulance Services Inc.

Attached with this letter you will find a copy of our employment application.

Please complete the enclosed application and return it either by e- mail or by fax.

The following items are needed to process your application:

1. Copy of Virginia EMS certification (Not Applicable to Driver)
2. Copy of Emergency Vehicle Operators Course (EVOC) certification or Defensive Driving Course for Drivers only
3. CPR card
4. Official Copy of current DMV driving record (obtainable from DMV)
5. Other EMS or Driver certifications
6. Drivers License (front & back) needed if interviewed
7. SSN Card (front & back) needed if interviewed

Thank you again for your interest in Cardinal Ambulance Services Inc.

Sincerely,

Elvin Deloach, President, CASI



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Employment Application

Full Legal name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: () _____ - _____

Date of Birth ____________ Social Security No: ____-____-_____

Employment history:

1. Employer: _____

Occupation: _____

Reason for leaving: _____

Date of Employment: _____

Ending Hourly Pay: _____

Phone Number: (____) _____ - _____

2. Employer: _____

Occupation: _____

Reason for leaving: _____

Date of Employment: _____

Ending Hourly Pay: _____

Phone Number: (____) _____ - _____

Describe any medical problems that might affect your work as an EMS provider:

Height: ____' ____' Weight: ____ lbs. Hair Color: ____ Eye Color: ____

Name & Address of High School: _____

Date of High School Graduation or GED Completion: ____________ !



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Name(s) & Address(es) of Colleges, Technical Schools, etc. attended:

Degrees and/or Certificates Received:

Have you ever been a member of an EMS agency before? Yes No

If Yes:

Agency: _____

Supervisor: _____

Phone Number: (____)-____-____

Dates of Service: From ________ through ________

Offices Held: _____

List any currently valid certifications or licenses you hold (CPR, etc.) and the expiration date:



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Special Training or Skills Acquired: _____

Please list any crimes, including traffic violations, you have been convicted of or plead guilty to. Include the dates and jurisdictions of the acts: _____

Do you have a valid Driver's License? Yes No State _____

No.: _____ If yes, are there any restrictions on your driving?

Please obtain and attach to this application a copy of your official Motor Vehicle record that is dated within 10 days of this application.

Please list any other professional or personal experience that may prove helpful to you as an EMS provider or member of our agency.

Please list three references who will attest to your character and desire to be an EMS provider. These references should not be family members.

1. Name: _____

Address: _____

Phone number: (____)-____-_____

2. Name: _____

Address: _____

Phone number: (____)-____-_____

3. Name: _____

Address: _____

Phone number: (____)-____-_____



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Please answer the following questions:

1. Are you of sound mental and physical condition? Yes No

2. Can you read, write, and speak the English language? Yes No

3. Are you currently, or at any point since turning 18 years of age have you been
addicted to the use of any drugs or intoxicating substances? Yes No

4. Have you ever been convicted of any crime which is a felony or misdemeanor
under federal law or state law of a sexual nature? Yes No

agency holding information about me to release such information to Cardinal Ambulance Services Inc. A copy of this authorization shall be valid as the original.

I understand that if employed, I will be placed on a 90 day probationary period during which no benefits will be provided. I am aware of the obligations I am incurring if accepted as an employee of Cardinal Ambulance Services Inc., Inc.

If employed, I will abide by all policies and procedures set forth by Cardinal Ambulance Services, Inc. I understand that a drug screen is required during my probationary period prior to obtaining any company benefits.

Signature of Applicant

Date



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Office Use Only

___ MVR with app. ___ Chargeable Accidents & ___ Class A ___ Class B Violations

Driving record: Acceptable ___ Unacceptable ___

___ Cert with App Notified Open/Test: ___ \ ___ \ ___

Physical Ability Test: P F Waived: _____

Medical Ability Test: P F Waived: _____

Written Test Score _____

Skill Stations:

AHA One-Man CPR P F

AHA Obstructed Airway P F

VOEMS Bleeding-Wounds-Shock P F

VOEMS Patient Assessment P F

Oral Interview Recommendation Manager: ___ Approve ___ Disapprove

President: ___ Approve ___ Disapprove

Meets VA OEMS Requirements: ___ Y ___ N

Criminal Records Check Completed: _____

Hire Date: ___ \ ___ \ ___ Rate: _____

Rejected: ___ \ ___ \ ___