



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:

- Driver's License (front & back) needed if interviewed
- SSN Card (front & back) needed if interviewed
- Current DMV Report (Drivers Only)

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

Sincerely,

Valerie Deloach, VP, Personnel Director



Cardinal
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Employment Application

Full Legal name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: () _____ - _____

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

DMV Number _____ Expiration Dated _____

Email: _____

Employment history:

1. Employer: _____

Occupation: _____

Reason for leaving: _____

Ending Salary/ Hourly or Yearly _____

Phone Number: (____) _____ - _____

2. Employer: _____

Occupation: _____

Reason for leaving: _____

Reason for leaving: _____

Phone Number: (____) _____ - _____

3. Employer: _____

Occupation: _____

Reason for leaving: _____

Reason for leaving: _____

Phone Number: (____) ____ - _____

Name & Address of High School: _____

Date of High School Graduation or GED Completion: ____________

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

Degrees and/or Certificates Received:

Have you ever been a worked for 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 list three references:

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

If so, date and nature of offense _____

5. Have you ever been convicted of any other felony? Yes No

If so, date and nature of offense _____

6. Have you ever been discharged from a position or
resigned under duress? Yes No

7. Are you legally eligible for employment in the US? Yes No

Please list your last four employers, starting with your most recent.

Employer	Supervisor	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



The information contained in this application is truthful and complete to the best of my knowledge. I understand that false or misleading statements may be grounds for rejection of my application and/or termination of employment at any point in the future.

I hereby grant permission for the officers of Cardinal Ambulance Services Inc. to investigate the information contained herein and authorize any 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

Oral Interview Recommendation Manager: ____ Approve ____ Disapprove

Vice President: ____ Approve ____ Disapprove

Criminal Records Check Completed: _____

Hire Date: ____ \ ____ \ ____ Rate: _____

Rejected: ____ \ ____ \ ____