

# Skyline EMS LLC.

2321 4<sup>th</sup> Street Suite 104  
Tucker, GA 30084  
Tel. (770) 880-0161

## Employment Application

SKYLINE EMS LLC is an equal opportunity employer and selects the best individual for the job based upon job related qualifications, regardless of race, color, religion, sex, or national origin, as protected by The Civil Rights Act of 1964 Title VII. SKYLINE EMS LLC will make reasonable accommodations to known physical or mental limitations of a qualified applicant or an employee with a disability, unless the disability will pose due hardship on the operation of business.

### Personal Information

Last Name:		First Name:		MI:	Alias:
Address:					Apt:
City:	State:	Zip:	SSN:		
Home Phone:		Cell Phone:		Email:	
Do you have a valid driver's license? Y / N		License #		State Issued:	Exp:
Are you eligible to work in the USA? Y / N		Are you over 18 yrs old? Y / N		If under 18 do you have a work permit? Y / N	

### Education and Training

Type of School	Name	City, State	Years Completed	Degree, Diploma, Certification, License	Major Studies
High School			1 2 3 4		
College			1 2 3 4		
Graduate			1 2 3 4		
Vocational					
Technical					

Please list job related organizations, clubs, professional societies, or other associations to which you belong (you may omit those of which may indicate your race, color, religion, sexual orientation, national origin, gender, age, veteran status, marital status or disability).

Please list any other special knowledge, skills, qualifications, or foreign languages:

### Position you are applying for

Position title:		Salary requirement:		When can you start?		
Are you seeking Full Time/Part Time/Temporary Employment?				Can you work 24hr Y N; Holiday Y N List availability below		
Sun. AM PM	Mon. AM PM	Tu. AM PM	Wed. AM PM	Th. AM PM	Fri. AM PM	Sat. AM PM

## Employment Application

**Employment History** List all employment for the last 5 years

Employer:	Address:	Phone:	Start Date: / /
Position Title:	Job Description:	Supervisor:	End Date: / /
Reason for leaving?		Start Salary:	End Salary:

Employer:	Address:	Phone:	Start Date: / /
Position Title:	Job Description:	Supervisor:	End Date: / /
Reason for leaving?		Start Salary:	End Salary:

Employer:	Address:	Phone:	Start Date: / /
Position Title:	Job Description:	Supervisor:	End Date: / /
Reason for leaving?		Start Salary:	End Salary:

Employer:	Address:	Phone:	Start Date: / /
Position Title:	Job Description:	Supervisor:	End Date: / /
Reason for leaving?		Start Salary:	End Salary:

**Professional References**

Name:	Relationship:	Phone:	Years Know:
Name:	Relationship:	Phone:	Years Know:
Name:	Relationship:	Phone:	Years Know:

**Questionnaire**

Please READ CAREFULLY and answer all questions		YES	NO
1.	Have you ever been fired or resigned from a job?		
2.	Is there any reason that you cannot adequately perform the essential duties required for the job in which you have applied for?		
3.	Do you have any restrictions or inconvenience lifting up to 175 Lbs. as a female or 225 as a male?		
4.	Have you ever been convicted of a DUI, Careless/ Reckless Driving, or an Alcohol/Drug Offense?		
5.	Have you ever been involved in any type of misdemeanor or felony court action, including any finding or plea of guilt, deferral, no contest, or nolo contender? Conviction does not necessarily disqualify you for employment consideration.		
6.	Have you been involved in any automobile or truck accident in the last 5 years?		
7.	Have you been cited for any moving violations in the past 3 years?		
8.	Has your Georgia driver's license been revoked, suspended, denied, or canceled?		
9.	Are you taking medication on a regular basis that may affect your alertness, normal work, driving or patient care?		

# Employment Application

10.	Do you have or plan to have any ownership, partnership or affiliation with another private ambulance company?		
11.	Have you ever been excluded, debarred, suspended, or otherwise determined to be ineligible to participate as a provider or employee or agent of a provider of health care services associated with any federal, state, local, or private health care insurance program (for example, Medicare or Medicaid)?		
12.	Do you have a contract or agreement with another company that may limit your ability to perform work for SKYLINE EMS LLC (e.g., a non-compete or confidentiality agreement)?		
14.	Do you or any of your family members, or friends have ownership, partnership, or plan to own a private ambulance company?		
15.	Please list any other names or alias you are known by.		

**PLEASE READ BEFORE SIGNING**

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.

I UNDERSTAND that the employer may request an investigative consumer report agency, as well as a check of my criminal record. I understand that should this application or a criminal record check reveal a conviction of a crime, further processing of this application or my employment, if hired, may be terminated.

If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.

I understand that I will be required to possess a current and valid driver's license if my job requires me to drive in the course of my work.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements. I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against SKYLINE EMS LLC and any outside agency utilized by SKYLINE EMS LLC as a result of any information which is obtained in this investigation.

This application is submitted with the understanding that upon acceptance of a formal employment offer, I will be required to successfully pass SKYLINE EMS LLC's pre-placement testing, which may include a drug and alcohol screen. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF THE COMPANY OR MYSELF.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Print**

## **Release Authorization & Certification**

I hereby affirm that all information given by me on this application is true. I understand that in the event of my employment by SKYLINE EMS LLC any falsification or omission on this application is grounds for immediate termination.

I authorize a thorough investigation to be made in connection with this application concerning criminal record, educational background, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment related information about me to SKYLINE EMS LLC and to hold SKYLINE EMS LLC any former employer harmless from any claim made on the basis that the information about me was provided or that the employment decision was made on the basis of such information. I authorize SKYLINE EMS LLC to verify my driving record with the State Department of Motor Vehicles and or the Secretary of State.

Any applicant or employee needing accommodation to perform his or her job must notify the Company in writing within 182 days after the need is known.

I understand that nothing in this employment application, the granting of an interview, or my subsequent employment with SKYLINE EMS LLC is intended to create an employment contract between SKYLINE EMS LLC and myself. I understand and agree that if hired, my employment will be terminable at will and may be terminated by me or SKYLINE EMS LLC at any time for any or no reason with or without cause or notice of any kind. I understand that no representative of SKYLINE EMS LLC, other than the President, and in writing, has the authority to enter into any agreement for any specified period of time or to make any agreement contrary to the above.

If employed I understand that SKYLINE EMS LLC may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

Employee agrees that any controversy arising out of or in connection with employee's compensation, employment or termination, including but not limited to any and all claims of discrimination or any kind, shall be submitted to arbitration through the American Arbitration Association (AAA), with arbitration to occur within the State of Georgia at a location of the Company's choosing, and to be resolved in accordance with the rules then in effect for AAA. The arbitration proceeding will allow the parties to be represented by counsel at their respective expense, reasonable discovery, a hearing on the merits of the claim, selection of a neutral arbitrator by mutual agreement, and if the parties are unable to agree, based on procedures provided by the AAA, judicial review as provided by Georgia law, and a written award containing findings of fact and conclusions of law. The purpose of this Agreement to Arbitrate is to provide Employee and the Company a forum in which claims or disputes with the Company are resolved by arbitration rather than litigation. This does not restrict Employee from filing a claim or charge with any State or Federal Agency. Rather, this Agreement to Arbitrate applies only to State and Federal court proceedings.

In consideration of SKYLINE EMS LLC review of my application, I agree that any claim or lawsuit arising out of my employment with, or my application of employment with SKYLINE EMS LLC any of its subsidiaries, include State and Federal Civil Rights actions, must be filed with AAA within six (6) months of the date of the event giving rise to the claim or forever be barred. While I understand the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and I **WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

I hereby acknowledge that I have read, understand, and agree to the above statements.

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**SIGNATURE**

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**DATE**

## RELEASE AUTHORIZATION & FAIR CREDIT REPORTING ACT DISCLOSURE FOR EMPLOYMENT PURPOSES

In association with my application for employment or promotion, I acknowledge that SKYLINE EMS LLC may now, or at any time while I am employed by SKYLINE EMS LLC, verify information within my employment application, resume or contract for employment. In the event that information from a report subject to the Fair Credit Reporting Act is utilized in whole or in part in making an adverse decision, I understand that before making the adverse decision, SKYLINE EMS LLC will provide to me a copy of the consumer report and a description in writing of my rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

I also understand and acknowledge that SKYLINE EMS LLC may also obtain an investigative consumer report including information as to my character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting my present and previous employers or references supplied by me, and various federal, state and other agencies, including public and private sources which maintain records concerning past activities, including but, not limited to, driving records, criminal records, civil actions, previous employment, educational background, and professional licensing. I understand and acknowledge that I have the right to request, in writing, within a reasonable time, that SKYLINE EMS LLC make a complete and accurate disclosure of the nature and scope of the information requested. I acknowledge and agree that a telephonic facsimile or copy of this release shall be as valid as the original.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site <http://www.ftc.gov>

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to SKYLINE EMS LLC or any of its affiliates or carriers, or SKYLINE EMS LLC's designated agent for making such inquiries. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my employment.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Applicant's Signature:** \_\_\_\_\_

Not including current address, list previous addresses for past seven (7) years:

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Street City State Zip Country

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Street City State Zip Country

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Street City State Zip Country

## A Summary of Your Rights Under the Fair Credit Reporting Act

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

**For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

☐ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

☐ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to <http://www.ftc.gov/credit>

☐ **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

☐ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

☐ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit <http://www.ftc.gov/credit>

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

Type of Business	Contact
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation ,Office of Financial Management Washington, DC 20590 202-366-1306

# Applicant EEO Data Sheet

In efforts to provide an equal opportunity the evaluation of our selection process to meet government reporting requirements, applicants for positions at SKYLINE EMS LLC are asked to complete this information. **Your cooperation is voluntary** and will be appreciated. Refusal to provide this data will not subject you to any adverse treatment. Any information you do provide will be treated as **confidential** personnel information and will only be used in accordance with applicable federal laws and regulations. Various government agencies require employers to invite applicants to identify themselves, as in this form. This form is confidential and will not be a part of your employee file.

## Applicant Information

Position applied for	Male / Female	Location
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What is your race/ethnicity? Please check the appropriate box

	American Indian or Alaskan Native
	Asian or Pacific Islander
	Black, not of Hispanic origin
	Hispanic
	White, not of Hispanic origin