



Miller EMS, LLC., P.O. Box 65, Medford, OK 73759  
 Ph: (580) 395-2426 or 1-877-395-0911  
[www.millerems.com](http://www.millerems.com)

## Application for employment

Date of Application: \_\_\_\_\_

### AN EQUAL OPPORTUNITY EMPLOYER

Federal law obligates Miller EMS to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need any accommodations to complete the application process or to perform any essential elements of the position sought.

Miller EMS participates in e-verify eligibility for hire in the United States.

Applicants are considered for all positions, and staff members are treated during their time of service, without regard to race, color, religion, sex, national origin, ancestry, marital status, age, disability, veteran status or any other prohibited basis of discrimination, as provided under applicable state and federal law.

### Position Applying for:

\_\_\_\_ EMR    \_\_\_\_ EMT Basic    \_\_\_\_ EMT Intermediate    \_\_\_\_ Paramedic    \_\_\_\_ Dispatcher    \_\_\_\_ Office Staff

\_\_\_\_ Other staff position \_\_\_\_\_

\_\_\_\_ Full Time    \_\_\_\_ Part Time    \_\_\_\_ Other: \_\_\_\_\_

Available start Date: \_\_\_\_\_ Minimum Hours wanted: \_\_\_\_\_

### PERSONAL INFORMATION

Best time to contact:

AM / PM

Last Name:		First Name:		MI:
Home Address:				
City:		State:		Zip:
Mailing Address:				
City:		State:		Zip:
Home Phone:		Mobile Phone:		
Email Address:		Social Security Number:		
		At least 21 years of age?    Yes    /    No		
Drivers License Number:		Driver License Expire:		
Emergency Contact #1:		Phone Number:		
Emergency Contact#2:		Phone Number:		
Are there any allergies or any medical information you would like MEMS to know about?				

EDUCATION HISTORY

LIST MOST CURRENT FIRST

Type of school:		
Name of school:		
Address:		
City	St	Zip
Years attended:		
Course of study:		
Degree obtained:		

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Name of school:		
Address:		
City	St	Zip
Years attended:		
Course of study:		
Degree obtained:		

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Course of study:		
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*You may exclude any membership which would reveal gender, race, religion, national origin, age, disability, or other protected status.*

Please describe why you want to work for Miller EMS.

Please describe any specialized training, apprenticeship, skills, civic, volunteer, and extracurricular activities you feel may benefit you in this job. List any other languages other than English you can speak, read or write.

Please describe any classes you are qualified to instruct.

Please describe any military experience.

Specialized Skills:

\_\_\_ Electrical

\_\_\_ Typing / WPM \_\_\_

\_\_\_ Word processing

\_\_\_ Spreadsheet

\_\_\_ Sign Language

\_\_\_ Web Site building /HTML

\_\_\_ Network / IT

\_\_\_ Auto Mechanic / body repair

\_\_\_ Woodworking

Do you have? Check all that apply. Submit copy of current certifications/cards.

___ NAOED	___ ICS-300	___ AMLS
<input type="checkbox"/> Fire	___ ICS-400	___ PALS
<input type="checkbox"/> Police	___ ICS-500	___ NRP
<input type="checkbox"/> EMD	___ ICS-600	___ PEPP
<input type="checkbox"/> Tele Comm	___ NIMS-700	___ PHTLS
___ Haz-Mat Awareness	___ NIMS-800	___ CCEMT-P
___ EVOC	___ BLS-HCP	___ Hepatitis shot series
___ ICS-100	___ ACLS	___ Negative tetanus or report of negative x-ray within one year.
___ ICS-200	___ ASLS	

Have you applied with Miller EMS before? If so when: \_\_\_\_\_

Have you been employed with Miller EMS Before? If so When: \_\_\_\_\_

Reason for leaving Miller EMS? \_\_\_\_\_

Do you have any friends or relative that work for Miller EMS? If so who: \_\_\_\_\_

Are you currently employed? YES / NO If so where: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country? YES / NO

Can you travel if your job requires it? YES / NO

Miller EMS participates in FEMA deployments. Are you willing to be deployed for an extended period of time out of state? YES / NO

Do you have a clean driving record?

Have you ever been convicted of a felony? YES / NO

If yes explain: \_\_\_\_\_

How did you learn about Miller EMS? \_\_\_\_\_

\_\_\_ Internet Job site    \_\_\_ Newspaper Job site    \_\_\_ Friend/Relative; Name: \_\_\_\_\_



Initial each agreement:

\_\_\_ I certify that the answers given herein are true and complete.

\_\_\_ I authorize investigation of all statements contained in this application for employment.

\_\_\_ This application shall be considered active for a period of 60 days. Any applicant wishing to be considered for employment beyond the time period should inquire with Miller EMS human resources department prior to the expiration date in writing to request an extension date for another 30 days. Any information on the application must be updated prior to the 60 day expiration period.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature which means the employee may resign at any time and the employer may discharge the employer any time with or without cause. This "at will" relationship may not be changed by written document or by conduct unless such change is specifically acknowledged in writing by the owner director.

\_\_\_ I understand in the event of employment, that discovery of false or misleading information given in my application or oral interview may result in my discharge.

\_\_\_ I understand I am required to abide to all the rules, policies, and regulations of my employer.

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

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

### **Required List of needed Items**

Provide copies of all license and certifications must be current.

#### **MMR**

1) Proof of immunity for all three diseases (Mumps, Measles, and Rubella) via an IGG antibody titer test. (Note: equivocal is considered NOT immune)

**or**

2) Proof of a completed series of two (2) immunizations given at least 28 days apart. Both dates must be clearly documented from a medical professional.

**or**

3) A signed declination form for those born before 1957.

#### **HEPATITIS B**

1) A document from a medical professional showing proof of immunity by way of a surface antibody titer test. (Note: equivocal is considered NOT immune)

**or**

2) A document showing dates of the series of 3 immunization injections. Note: This credential will be satisfied as long as you stay on schedule for all 3 injections. Non-responders will need to submit their most recent series of vaccinations.

**or**

3) A signed declination form.

#### **CHICKEN POX**

1) Proof of immunity via an IGG antibody titer test. (Note: equivocal is considered NOT immune)

**or**

2) Proof of a completed series of 2 immunizations given at least 28 days apart. Both dates must be clearly documented from a medical professional. (Zostavax, for Shingles, is not considered an immunization for Chicken Pox.)

**or**

3) A document clearly indicating history of Chicken Pox from a medical professional.

#### **DTP**

All adults who have completed a primary series of a tetanus/diphtheria containing product (DTP, DTaP, DT, Td) should receive Td boosters every 10 years with Tdap given once in a lifetime. To fulfill this requirement, we would need to receive a document from a medical professional or clinic with evidence of DTP, DTaP, DT, Td, or Tdap (preferred) injection within the last 10 years.

#### **Tuberculosis Test**

TB Proof of annual TB test or physician report of negative X-Ray.

## **OSBI background check**

Miller EMS requires a criminal background check on all applicants and may be denied consideration for employment based on the results of that check. The cost of the OSBI criminal history, violent offender and sex offender background check is at the applicant's (your) expense. Approximately \$19.00. You will need to present the original on testing day, July 8<sup>th</sup>. Attached is the PDF form. Background checks must have been done within the last thirty days.

In order to request a name based OSBI criminal history, violent offenders and sex offender background check; the form may be submitted via Fax, Mail, or In Person to the OSBI. *Requests will be returned in the manner received.* Mail requests should include postage-paid reply envelope. Fax requests must include payment by credit card and a dedicated fax phone line for return of completed search.

To obtain form go to [http://www.ok.gov/osbi/Criminal\\_History/](http://www.ok.gov/osbi/Criminal_History/).

**OKLAHOMA STATE BUREAU OF INVESTIGATION**  
Criminal History Record Information Request form  
6600 North Harvey Place  
Oklahoma City, OK 73116  
(405) 848-6724  
(405) 879-2503 FAX  
[http://www.ok.gov/osbi/Criminal\\_History/](http://www.ok.gov/osbi/Criminal_History/)