



695 Canosa Court Unit B, Denver, CO 80204 Office: (720) 235-3505 Fax: (720) 235-3507

APPLICATION FOR EMPLOYMENT

Last Name	First	M.I.	Home Phone	Mobile Phone
Street Address			Work Phone	Pager
City, State, Zip			Email Address	
Position for which you are applying:			Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
If hired, can you furnish proof of eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of any non-traffic misdemeanors or felonies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates and states in which convictions occurred.			Have you ever had your driver's license suspended or revoked in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details.	
If required, are you willing to submit to a pre-employment polygraph examination and for job-related reasons thereafter? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License # _____	

	Name/Location	Major	# of years completed	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational / Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Special Training:				

Please list all current certifications:	
1.	4.
2.	5.
3.	6.

Present / Most Recent Employer (and address):	Phone #
	Employed (month and year) From: To:
Supervisor:	Reason for leaving:
Job Title and Description:	

Employer (and address):	Phone #
	Employed (Month and Year) From: To:
Supervisor:	Reason for leaving:
Job Title and Description:	

Employer (and address):	Phone #
	Employed (month and year) From: To:
Supervisor:	Reason for leaving:
Job Title and Description:	

Other Relevant Experience:

AUTHORIZATION: I certify that the foregoing answers and statements are complete and true to the best of my knowledge and belief. I understand that any false answers, deceit or fraud whatsoever during the interview and on this form will be the basis for rejection of this application or cause for dismissal if already employed, regardless of the length of employment. I authorize the Company and/or its agents to verify records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release said persons, schools and companies and law enforcement authorities from any liability for any damage whatsoever for disclosing such information.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Certifications and Registrations – Required Documents

Dear Applicant:

Below you will find a list of what information is required and optional. CURRENT copies of driver’s license, driving record and certifications must be submitted. Original documents may be required for verification at any time during your employment with Stadium Medical. Only certificates and registrations issued by government agencies, accredited colleges/universities, prehospital training institutions and hospital training programs will be accepted. **Also, please submit updated information as you receive updated or new certifications on an ongoing basis as we will need them for our licensure process each spring.**

Office Use:

Colorado Driver’s License # - Required	<input type="checkbox"/>
Colorado Driver’s License Expiration Date - Required	<input type="checkbox"/>
Current Driving Record on File - Required	<input type="checkbox"/>
Certification Level - Required	<input type="checkbox"/>
Certification Number - Required	<input type="checkbox"/>
Certification Expiration Date - Required	<input type="checkbox"/>
National Registry -	<input type="checkbox"/>
National Registry Expiration Date	<input type="checkbox"/>
CPR Expiration Date - Required	<input type="checkbox"/>
ACLS Expiration – Paramedics Only - Required	<input type="checkbox"/>
IV Certification –For EMT Only - Required	<input type="checkbox"/>
Basic EKG Cert-For EMT’s Preferred	<input type="checkbox"/>
PALS – Certification # - Optional	<input type="checkbox"/>
BTLS/PHTLS Certification # - Optional	<input type="checkbox"/>
BTLS/PHTLS – Certification Expiration Date	<input type="checkbox"/>
PEPP - Optional	<input type="checkbox"/>
Heptavax Immunization on File - Required	<input type="checkbox"/>
PPD Immunization on File - Required	<input type="checkbox"/>