



# Ute Pass Regional Ambulance District

P.O. Box 149 785 Red Feather Lane Woodland Park, Colorado Phone: (719) 687-2291 Fax: (719) 687-6410  
Customerservice@UPRAD.org

## Application For Employment

*Ute Pass Regional Ambulance District (UPRAD), is an equal opportunity employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or disability.*

**Instructions:** This application must be completed in its entirety and it must be either typed or hand printed in ink. If any specific information that is requested on this application does not apply to you, mark that area as N/A. **Incomplete and/or illegible applications and, applications without required attachments will not be considered.**

### Personal Information

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

Name: \_\_\_\_\_, \_\_\_\_\_ MI  
Last First

Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Current Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_-\_\_\_\_\_ Cell: ( ) \_\_\_\_\_-\_\_\_\_\_ e-mail: \_\_\_\_\_

How Long at Current Address: \_\_\_\_\_

How Long at Previous Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Sex:  Male  Female Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Address

\_\_\_\_\_, \_\_\_\_\_  
City State Zip

Phone: ( ) \_\_\_\_\_-\_\_\_\_\_ Cell: ( ) \_\_\_\_\_-\_\_\_\_\_ e-mail: \_\_\_\_\_

Have you filed an application here before? Yes  No  If yes, give date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed here before? Yes  No  If yes, give dates from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you employed now? Yes  No  Date available to start work? \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source: Advertisement  Friend  Relative  Current Employee

Other Agency, Describe: \_\_\_\_\_ Other, Describe: \_\_\_\_\_

**Position Applying For:** (check all that apply)

Full-time     Part-time     Other (explain) \_\_\_\_\_

Paramedic     EMT     Office/Administration     Other (explain) \_\_\_\_\_

Please describe your ability to perform the essential job functions of the position for which you are applying, with or without reasonable accommodations, as such essential job function are identified on the position description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certifications**

Copies of all certifications, licenses, and other course completion records documented in this section must be attached to this application.

Type	Certification Number	Expires	Type	Certification Number	Expires
Paramedic (State of Colorado)			ACLS		
EMT (State of Colorado)			PALS		
Other (State of Colorado)			NALS		
CPR			PHTLS/BTLS		
EVOC			CCEMT		
NREMT			Haz-Mat Awareness		
Drivers License (State of Colorado)			ICS – 100 (Introduction to NIMS)		

**Immunizations**

**HBV Series:**

First Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Second Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Third Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By: \_\_\_\_\_    By: \_\_\_\_\_    By: \_\_\_\_\_

**Last TB Test:**    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    By: \_\_\_\_\_

**General Education**

	Name and Location of School	Highest Grade Completed	Degree Received
High School			
College			
Other			

Honors and Recognition Received: \_\_\_\_\_

Special Skills and Qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extra Curricular Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMS Education**

	Name, Address, and Phone Number of School Attended	Completion Date
EMT-Basic		
EMT-Intermediate		
EMT-Paramedic		
Other		

EMS Honors and Recognition Received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

**Employment References**

Please provide the following information regarding your past three employers, starting with the most recent one first.

**Name:** \_\_\_\_\_ **Dates, From:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Address:** \_\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** ( ) \_\_\_\_-\_\_\_\_ **Fax:** ( ) \_\_\_\_-\_\_\_\_ **email:** \_\_\_\_\_  
**Supervisors Name:** \_\_\_\_\_ **Annual Salary, Start:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **Annual Salary, End:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Dates, From:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Address:** \_\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** ( ) \_\_\_\_-\_\_\_\_ **Fax:** ( ) \_\_\_\_-\_\_\_\_ **email:** \_\_\_\_\_  
**Supervisors Name:** \_\_\_\_\_ **Annual Salary, Start:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **Annual Salary, End:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Dates, From:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Address:** \_\_\_\_\_ **To:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** ( ) \_\_\_\_-\_\_\_\_ **Fax:** ( ) \_\_\_\_-\_\_\_\_ **email:** \_\_\_\_\_  
**Supervisors Name:** \_\_\_\_\_ **Annual Salary, Start:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **Annual Salary, End:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

**References, Continued**

**Personal References**

Please provide the following information regarding three personal references that are not related to you.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ - \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_ - \_\_\_\_\_ **email:** \_\_\_\_\_

**How long have you known this person?** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ - \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_ - \_\_\_\_\_ **email:** \_\_\_\_\_

**How long have you known this person?** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ - \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_ - \_\_\_\_\_ **email:** \_\_\_\_\_

**How long have you known this person?** \_\_\_\_\_

- Have you ever been convicted, pleaded guilty or no contest to a felony?    Yes     No

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

\_\_\_\_\_

\_\_\_\_\_

- Have you ever physically or sexually abused or assaulted another person?    Yes     No

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

\_\_\_\_\_

\_\_\_\_\_

- Have you ever been arrested for any crime related to physical or sexual abuse or assault? Yes  No

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

- Have you ever stolen money or property? Yes  No

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

- Have you ever had any medical related certification or license withdrawn or revoked? Yes  No

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

- Have you ever had your drivers' license revoked or suspended? Yes  No

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

- Have you been cited for, convicted of, and pleaded guilty or no contest to any moving motor vehicle violation within the last 36 months?

Yes  No

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

- Have you been cited for, convicted of, and pleaded guilty or no contest to: driving under the influence or driving while ability impaired, and/or careless or reckless driving within the past 5 years? Yes  No

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

- Do you currently use any drug, other than prescription medication pursuant to and consistent with a valid prescription or over-the-counter medication consistent with the medication's directions? Yes  No

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

- Have you ever been arrested for, convicted of, and pleaded guilty or no contest to any illegal drug related offence?

Yes  No

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

## **Release for Information**

I have applied to Ute Pass Regional Ambulance District (UPRAD) for employment consideration. In order that they may better evaluate my qualifications and representations, I wish that they be fully advised of record with you

I hereby respectfully request that you furnish the necessary information and authorize its release without penalty or liability due to defamation, an invasion of privacy or civil rights.

Printed name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please answer and initial the following:**

- If selected for employment by UP RAD, the District will perform upon hire, and at least once annually thereafter, a driving record check in Colorado and any other state necessary. The District will obtain copies of any reports and may condition employment on the information contained in such reports. Do you consent to such checks?

Yes  No  Initials: \_\_\_\_\_

- If selected for employment by UP RAD, the District will perform a criminal history background check. The District will obtain copies of any reports and may condition employment on the information contained in such reports. Do you consent to such checks?

Yes  No  Initials: \_\_\_\_\_

- If you are offered a job, prior to reporting to work, you may be required to successfully complete a medical examination based on criteria that are necessary to performing the essential job functions for the position for which you are applying. Do you consent to such medical examination?

Yes  No  Initials: \_\_\_\_\_

- If you are offered a job, do you consent to a mandatory blood or urine test to detect the presence of drugs?

Yes  No  Initials: \_\_\_\_\_

- If you are offered a job, do you consent to a polygraph test?

Yes  No  Initials: \_\_\_\_\_

- If you are offered a job, do you understand that misrepresentations or false statements made by you on this application for employment may be grounds for immediate termination at anytime during your employment with the District?

Yes  No  Initials: \_\_\_\_\_

By signing this application for employment, I certify that all information provided by me is, to the best of my knowledge true and accurate. I also understand that completing this application does not create a contract of employment nor create a guarantee of continued employment for any definite period of time. I understand that if I am hired by Ute Pass Regional Ambulance District that my employment may be terminated at any time, with or without cause and with or without notice.

My signature below acknowledges that I have read and understand this application, and I agree to be considered for employment with Ute Pass Regional Ambulance District on the conditions set forth above.

\_\_\_\_\_  
Applicants Signature                      Date

\_\_\_\_\_  
Applicants Printed Name

Applicants Initials: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature                      Date

\_\_\_\_\_  
Witness Printed Name

(     ) \_\_\_\_\_ - \_\_\_\_\_  
Witness Phone

