

ATTACHMENT J
Authorization for Reference Checks, Criminal History Checks and
Drug and Alcohol Testing

I have applied for employment with the BCEMS. As a part of the application process, I understand that BCEMS will conduct a background and reference check which may include a review of public records, criminal history check, and inquiries of my former employers and references which I have provided regarding my qualifications and suitability for employment, as well as verification of any information I have provided in this application. As part of this inquiry, I understand that BCEMS will obtain a report of criminal history information and driver's license history, from applicable law enforcement agencies, or, in some cases, the Federal Bureau of Investigation, and that applicable state law may prohibit the employment of persons convicted of certain crimes. I also understand that the application process includes a Drug and Alcohol test, which may also be conducted at various times throughout my employment.

I hereby give my permission to any of my listed references to release to BCEMS any information regarding my work and volunteer experience, including, but not limited to performance of expected duties and disciplinary information, to BCEMS.

I hereby authorize BCEMS to conduct this background and reference check, as well as a Drug and Alcohol screen as part of the application process, and I release from liability BCEMS and its representatives for seeking, gathering, and using such information. I also release any individual or entity from any liability whatsoever for providing BCEMS with any information concerning my qualifications and suitability for employment, including the former employers and personal references I have identified on the application.

I authorize BCEMS to send a copy of this authorization to my listed references or anyone else contacted by the Company to provide information about me.

Date

Signature

Print Name

Address

ATTACHMENT K
Application for Employment

BCEMS considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. BCEMS IS A DRUG-FREE WORKPLACE

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Other Phone: _____

Are you at least 18 years of age? YES NO Date Available to Start: _____

Hours Requested (please circle) Full Time Part Time

How did you find out about this position? _____

Do you have any relatives or friends working/volunteering here? _____

Please list: _____

POSITION INFORMATION

Position(s) Applying For: _____

Have you ever worked/volunteered for this organization? _____

If so, date(s) _____ Prior position(s) here: _____

Reason(s) for leaving: _____

CERTIFICATION INFORMATION

(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT/EMT-P (Circle One)			
National Registry			
PALS			
ACLS			
BTLS			
EMD			
CDL			
Other: _____			

**WORK REQUIREMENTS
AND GENERAL INFORMATION**

Can you provide proof, if hired, that you are eligible to work in the U.S.? YES/NO

Do you have a valid Driver's License? YES NO Class: _____

Issued by what State? _____ Driver's License #: _____

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: _____

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended?
YES NO

If yes, explain: _____

A conviction will not necessarily disqualify you from employment.

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain: _____

EMPLOYMENT HISTORY
(List your last three employers or volunteer activities, starting with the most recent.)

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? YES NO

Reason for leaving: _____

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? YES NO

Reason for leaving: _____

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact? YES NO

Reason for leaving: _____

MILITARY:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATI ON

Explain any gaps in employment: _____

PAST EMPLOYMENT

Have you ever been:

Disciplined or terminated for reckless driving?	YES	NO	
Placed on probation or terminated for excessive absenteeism?	YES	NO	
Disciplined or fired for insubordination?	YES	NO	
Disciplined or fired for violation of safety rules?	YES	NO	
Disciplined or fired for assault or fighting?		YES	NO
Disciplined or fired for harassment?	YES	NO	
Disciplined or fired for patient abuse?	YES	NO	
Disciplined or fired for alcohol or drug related activity at work?	YES	NO	

If you answered yes to any question above, please explain: _____

Answers of Yes for any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest grade completed:

Have you received your GED? YES NO

COLLEGE:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest year completed: _____

Degree: _____ Major: _____

OTHER COLLEGE:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Degree: _____

Major: _____

TECHNICAL SCHOOL:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Certificate: _____

License: _____

Expires: _____

Expires: _____

OTHER SCHOOL/TRAINING:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Certificate: _____

License: _____

Expires: _____

Expires: _____

OTHER: _____

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

Oklahoma State EMT Lic. # _____

NREMT Lic. # _____

CPR Exp. Date _____

ACLS Exp. Date _____

REFERENCES

List **three** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

Occupation: _____

Years Known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

Occupation: _____

Years Known: __ Telephone Number (including area code): _____

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my

employment, and I hereby give my consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the Company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the Company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with the Company may be terminated.

Applicant's Signature: _____

Date: _____

Printed Name: _____

ATTACHMENT H
Confidentiality and Non-Disclosure Statement

The protection of confidential business information and trade secrets is vital to the interests and the success of BCEMS. Such confidential information includes, but is not limited to:

- Patient Information
- Compensation Data
- Patient and Customer Lists
- Financial and Billing Information
- Marketing Strategies
- Pending Projects and Proposals

All personnel are required to respect the confidentiality of all proprietary or confidential information and are expected to not disclose such information to individuals outside of BCEMS. We may require our personnel to sign a non-disclosure agreement as a condition of membership or employment. Personnel who improperly use or disclose any confidential information (including confidential business information or patient information) will be subject to disciplinary action, up to and including expulsion and termination.

SIGNATURE

DATE

PRINTED NAME

Part Time (or PRN) Employee Acknowledgment

Purpose: It has come to the attention of Bryan County EMS that the conditions of PRN employment appear to be misunderstood and/or overlooked by both current and new employees. This document is intended to serve as formal notification of the Bryan County EMS Part Time (PRN) Policy. This document is not intended to replace, supplement, or supersede any Bryan County EMS (BCEMS) Standard Operating Guideline (SOG).

Duties & Responsibility

- **Hours Worked:** Each PRN employee is responsible to work the minimum number of hours required by BCEMS SOG(s). If the employee fails to work the number of hours required within the time constraints required by the SOG(s):
 - **The employee's current employment will end at BCEMS.** BCEMS may or may not notify the employee of their termination but the employee's ability to accept future shifts will be turned off and the BCEMS records will be update to reflect the changes.
 - **All applicable seniority, pay increases, and / or considerations for retirement supplements will end at the same time employment ends.** If the former employee chooses to reapply for a position at BCEMS, new terms of employment will be negotiated at the time the employee is once again hired. Any newly hired employee will be subject to employment at the current BCEMS base pay rate for new employees, this will be at the Director or Deputy Director's discretion, and will be based on things like general experience, skill sets, certifications, the current level of licensure, poise, demeanor, enthusiasm, and general knowledge.
- **Patient Care Reports:** It is the duty of each healthcare provider at BCEMS to document each and every call for service to which they have been assigned. In general, BCEMS employees use a Patient Care Report (PCR) to document each of these calls for service (even if no actual patient interaction takes place). **BCEMS requires that documentation of each call for service be documented within the timelines specified in BCEMS SOG(s)** unless provisions are made in writing to grant extensions to these deadlines. These deadlines and conditions also apply to PRN employees.
- **Benefits:** BCEMS does not typically pay for things like healthcare insurance, vision, dental or supplemental insurance, or other benefits like paid time off or payroll deductions for PRN employees, without a written agreement or legal obligation to provide such benefits.

Acknowledgment: I, _____, hereby acknowledge the terms and conditions stated in this document. I understand that the BCEMS SOG(s) may periodically change and that it is my duty to seek information and stay informed about any changes made. I also agree to work, at a minimum, the number of hours specified in the BCEMS SOG(s) understanding that this number may change periodically. I also agree to complete all documentation withing the deadlines as defined in the BCEMS SOG(s). Further I understand that as a PRN employee I am not eligible for most of the benefits provided to full time employees unless expressly required by law.

Signature: _____

Date: _____