

Team One, LLC

6211 Geronimo Circle; Anchorage, Alaska 99504; (907) 903-5508

Enclosed is an application for employment with Team One. Team One is a company that provides emergency services training such as CPR, First Aid, First Responder (ETT) and EMT instruction. We also provide medical standby services for community events and sports activities in the Southcentral Alaska area. In addition, as an employee of Team One, you will be expected to attend periodic training sessions and meetings. Many work shifts, meetings and training sessions may occur during evening and weekend hours. Attendance at such training sessions and meetings are considered part of your work day.

If this is a position that interests you, we would like to invite you to complete the attached application and return it to Team One at the address above. Once the application and documents listed below are received, you will be contacted to set up a time for an interview.

- ☐ Copies of all certifications
- ☐ A copy of your driving record from the DMV
- ☐ A resume, if desired
- ☐ Letters of Recommendation, if desired

Team One is an equal opportunity employer and prohibits discrimination on the basis of race, sex, color, national origin, religion, age, or political affiliation, or against otherwise qualified persons with disabilities. Thank-you for your interest in becoming part of Team One.

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Application for Employment

Personal Information

Name: _____

Last

First

Middle

Present Address: _____

Street

City

State

ZIP

Phone Number: _____ Email: _____

ADL Number: _____ Exp. Date: _____

SSN: _____ - _____ - _____ Application Date: _____

Certifications

Provider Certifications:

_____ Cert. Number: _____ Exp. Date: _____

_____ Cert. Number: _____ Exp. Date: _____

_____ Cert. Number: _____ Exp. Date: _____

Instructor Certifications:

_____ Cert. Number: _____ Exp. Date: _____

_____ Cert. Number: _____ Exp. Date: _____

Criminal History

Have you ever been convicted of a felony violation of a federal or state law? _____

Have you ever been convicted of a misdemeanor violation of federal or state law, excluding minor traffic violations with the last 15 years? _____

Have you ever been convicted of a violation of federal or state law pertaining to medical practice or drugs? _____

Have you had any vehicle accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How many? _____

If yes to any of the above, explain number of convictions, nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and types of rehabilitation.

Education

High School: _____ City and State: _____

Received Diploma? _____ Received GED? _____

School: _____ Course of Study: _____ Dates: _____

Degree/ Diploma/ Certification received: _____

School: _____ Course of Study: _____ Dates: _____

Degree/ Diploma/ Certification received: _____

School: _____ Course of Study: _____ Dates: _____

Degree/ Diploma/ Certification received: _____

Experience

List below all present and past paid and volunteer work over the past 10 years, starting with the most recent job. May we contact your current employer? _____

Employer: _____ Dates of Employment: _____

Job Title: _____ Job Functions: _____

Status: Full time paid _____ Part time paid _____ Volunteer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Supervisor: _____ Phone: _____

Reason for leaving? _____

Employer: _____ Dates of Employment: _____

Job Title: _____ Job Functions: _____

Status: Full time paid _____ Part time paid _____ Volunteer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Supervisor: _____ Phone: _____

Reason for leaving? _____

Employer: _____ Dates of Employment: _____

Job Title: _____ Job Functions: _____

Status: Full time paid _____ Part time paid _____ Volunteer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Supervisor: _____ Phone: _____

Reason for leaving? _____

Experience, Continued

Employer: _____ Dates of Employment: _____

Job Title: _____ Job Functions: _____

Status: Full time paid _____ Part time paid _____ Volunteer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Supervisor: _____ Phone: _____

Reason for leaving? _____

Employer: _____ Dates of Employment: _____

Job Title: _____ Job Functions: _____

Status: Full time paid _____ Part time paid _____ Volunteer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Supervisor: _____ Phone: _____

Reason for leaving? _____

Employer: _____ Dates of Employment: _____

Job Title: _____ Job Functions: _____

Status: Full time paid _____ Part time paid _____ Volunteer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Supervisor: _____ Phone: _____

Reason for leaving? _____

Schedule

What days and times would you be available for work?

Sundays: AM _____ PM _____

Mondays: AM _____ PM _____

Tuesdays: AM _____ PM _____

Wednesdays: AM _____ PM _____

Thursdays: AM _____ PM _____

Fridays: AM _____ PM _____

Saturdays: AM _____ PM _____

Additional Comments

Additional space provided to expand on any points or questions asked previously in this application:

[illegible]

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years.

Name: _____	Title: _____
Company Name: _____	Phone: _____
Address: _____	
Relationship: _____	Years acquainted: _____
Name: _____	Title: _____
Company Name: _____	Phone: _____
Address: _____	
Relationship: _____	Years acquainted: _____
Name: _____	Title: _____
Company Name: _____	Phone: _____
Address: _____	
Relationship: _____	Years acquainted: _____

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be immediately discharged from your job.

If necessary for employment, you may be requested to supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

Signature: _____ Date: _____