



Position(s) Applied for:

____ Phlebotomy ____ Emergency Medical Services ____ Instructor
____ Office ____ Dispatcher ____ Other _____

Name: _____

Last	First	Middle

Current Mailing Address: _____

Physical Address, if different from above: _____

Street Address	

City	State	Zip Code

Phone Number: _____ Email Address: _____

Date Application Received: _____
Notes: _____

Date of Interview: _____ Interviewer: _____
Notes: _____

Outcome: _____ Hired _____ Not Hired _____ Deferred _____ Date: _____
Notes: _____

Education:

School: _____ City and State: _____

Year Graduated or (Expected): _____ 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: _____

Criminal History/ Driving Record:

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 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 last three years? _____ How many? _____

If you answered yes to any of the above questions, explain the number of convictions, nature of the offense(s), the time of the offense(s), and any rehabilitation completed.

Work experience:

List all paid and unpaid work experience for 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 _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor's Name: _____

Reason for Leaving: _____

Employer: _____ Dates of Employment: _____

Job Title: _____ Job Functions: _____

Status: Full Time Paid _____ Part Time Paid _____ Volunteer _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor's Name: _____

Reason for Leaving: _____

Employer: _____ Dates of Employment: _____

Job Title: _____ Job Functions: _____

Status: Full Time Paid _____ Part Time Paid _____ Volunteer _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor's Name: _____

Reason for Leaving: _____

EMS, Phlebotomy Service and Education Experience (If Applicable):

Please list any paid or volunteer experiences related to medical positions, or emergency services that you did not include in the work experience portion of the application.

Dates: _____ Location: _____

Experience: _____

Dates: _____ Location: _____

Experience: _____

Dates: _____ Location: _____

Experience: _____

Dates: _____ Location: _____

Experience: _____

Availability:

Please list specific times you ARE available and are NOT available to work Team One Shifts.

Morning

Afternoon

Evenings

Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Certifications:

AHA CPR-BLS	Expiration Date: _____	
ETT	Date Initially Acquired: _____	Location: _____
	Years of Experience: _____	Expiration Date: _____
EMT 1	Date Initially Acquired: _____	Location: _____
	Years of Experience: _____	Expiration Date: _____
EMT-II	Date Initially Acquired: _____	Location: _____
	Years of Experience: _____	Expiration Date: _____
EMT-III	Date Initially Acquired: _____	Location: _____
	Years of Experience: _____	Expiration Date: _____
Paramedic	Date Initially Acquired: _____	Location: _____
	Years of Experience: _____	Expiration Date: _____
Wilderness First Responder/ EMT	Date Initially Acquired: _____	Location: _____
	Years of Experience: _____	Expiration Date: _____
Lifeguard	Date Initially Acquired: _____	Location: _____
	Years of Experience: _____	Expiration Date: _____
Other	Date Initially Acquired: _____	Location: _____
	Years of Experience: _____	Expiration Date: _____

Instructor Certifications:

American Heart Association	Expiration Date: _____	TC: _____
ETT/EMR	Date Initially Acquired: _____	Location: _____
	Years of Experience: _____	Expiration Date: _____
Alaska EMT-1	Date Initially Acquired: _____	Location: _____
	Years of Experience: _____	Expiration Date: _____
Advanced Pre-Hospital Care Certification:	_____	
	Date Initially Acquired: _____	Location: _____
	Years of Experience: _____	Expiration Date: _____
Wilderness FA/ EMT	Date Initially Acquired: _____	Location: _____
	Years of Experience: _____	Expiration Date: _____
Other	Date Initially Acquired: _____	Location: _____
	Years of Experience: _____	Expiration Date: _____

References:

List three professional references (not family or friends) who have knowledge of your work performance within the last five years. The best references will be employers/ supervisors and teachers/ instructors. These are people we will contact regarding your attendance, motivation, ability to work independently and professionalism.

Name: _____ Title: _____

Company name or school: _____ Phone: _____

Address: _____

Relationship: _____ Years Acquainted: _____

Name: _____ Title: _____

Company name or school: _____ Phone: _____

Address: _____

Relationship: _____ Years Acquainted: _____

Name: _____ Title: _____

Company name or school: _____ Phone: _____

Address: _____

Relationship: _____ Years Acquainted: _____

Miscellaneous:

Are you able to travel to remote locations? _____

Do you have any reason to believe that you might not pass a background check? _____

Are you legally authorized to work in the United States? _____

Are you able to lift and carry a 25 to 35-pound equipment kit? _____

Do you have any difficulties sitting, squatting, crouching, or kneeling on the ground or floor? _____

Do you currently possess a valid Alaska Driver's License? _____

Can you competently and safely ride a bicycle? _____

Do you currently have reliable transportation? _____

Are you fluent in understanding, speaking, reading, and writing the English language? _____

Please list other languages you are fluent in: _____

How did you find out about the job position at Team One? _____

Were you referred to Team One by someone? _____

Who? _____

Do you have any friends or relatives that currently work, or have previously worked for Team One? _____

Who? _____

I certify that all the answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation, or omission of fact on this application (or an accompanying documents) or during the interview, will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered. I also authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

You may be asked to supply your birth certificate, passport, social security card, or other proof of authorization to work in the United States, have a physical exam and/ or drug test, and sign a conflict-of-interest agreement and abide by the terms therein prior to employment depending on the position you are applying for.

I further understand that Alaska is an "at will" state, and if I am hired, Team One LLC reserves the right to terminate my employment at any time. More information regarding these terms of employment can be found in the employee manual.

Applicant's Signature _____ Date _____

Team One, LLC does not discriminate in any positions or activities based on gender, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, or disability.

Your employment with Team One as a forensic phlebotomist is contingent upon passing a background check conducted by the Anchorage Police Department. Below is the information needed by them to perform the background check. Once the background check is completed, this page will be shredded and will not become part of your employment file.

The background check is performed to obtain permission to access law enforcement property, such as the Anchorage Jail, the detective division at APD headquarters, etc. The Anchorage Police department does not provide Team One or any of its staff with specific reasons as to why potential phlebotomy staff pass the background check or are denied access to law enforcement properties.

Municipality of Anchorage (MOA)

Anchorage Police Department (APD)

Background Check Authorization and Release Form

Last Name _____ First Name _____ Middle Initial _____

Company Name: _____ POC: _____ Phone # _____

Social Security # _____ - _____ - _____ Date of Birth: _____

Current Driver's License # _____ State Issued _____

List any other states you have lived in: _____

Request for (Check One): _____ Supervised or _____ Unsupervised.

I hereby authorize the Anchorage Police Department to perform a preliminary criminal background investigation for the purpose of entry into an APD police facility for the purpose of contracted work to be performed. I understand the information may be reviewed initially and periodically by the Anchorage Police Department. I release the Anchorage Police Department and my employer, their agents and assigns, from any and all demands and/or liabilities that may originate from these investigations conducted by them upon the authority of this release.

I hereby authorize that a photocopy or electronic facsimile of this document shall serve as an original.

Applicant Signature _____

Date _____