

Miles, Grubb & Associates, LLC
DBA Star EMS

PERSONAL INFORMATION			Today's Date: _____
Last Name	First	Initial	Social Security #
Other Name(s) Used			Home Phone Number ()
Street Address		City: Zip:	Cell or Pager # please circle ()
Position Applied For: Full-time Part-time (please circle one or both)			Salary Desired
State of Michigan Level of Licensure <input type="checkbox"/> I/C <input type="checkbox"/> Paramedic <input type="checkbox"/> EMT-S <input type="checkbox"/> EMT-B		Medical License Number	Expiration Date:
Do you have a valid driver's license? <small>(This information will only be used for positions requiring driving for company business)</small>		Yes No	Driver License #: Expiration date: State issued:
Are you eligible to work in the USA?		Yes No	
Are you at least 18 years old?		Yes No	If under 18, do you have a work permit? Yes No

EDUCATION

Circle the highest grade completed:

High School	9	10	11	12
College, Trade, or Business	1	2	3	4
Graduate Studies:	_____			

School	Address	Major Studies	Degree, Diploma, License, or Certificate
High School			
College/University			
Vocational, Business, Other			
List any professional Designations			

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Other special knowledge, skill, or qualifications:

EMPLOYMENT HISTORY

List all employment for the past five (5) year starting with the most resent position. All information **must** be completed. You may attach a resume, however, not in place of completing the required information.

Employed from: / /	Employer name	Supervisor name:	Starting Salary
Employed until: / /	Employer address:	Supervisor phone #	Ending Salary
Job title		Reason for leaving	
Duties and responsibilities:			
Employed from: / /	Employer name	Supervisor name:	Starting Salary
Employed until: / /	Employer address:	Supervisor phone #	Ending Salary
Job title		Reason for leaving	
Duties and responsibilities:			
Employed from: / /	Employer name	Supervisor name:	Starting Salary
Employed until: / /	Employer address:	Supervisor phone #	Ending Salary
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Duties and responsibilities:			
Employed from: / /	Employer name	Supervisor name:	Starting Salary
Employed until: / /	Employer address:	Supervisor phone #	Ending Salary
Job title		Reason for leaving	
Duties and responsibilities:			

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Yes No

May we contact your current employer for references?

Are you able to perform the essential job functions for the position you are applying for with or without reasonable accommodations?

Have you been convicted of a crime in the past seven (7) years? (A yes response does not automatically disqualify your application.) If “yes” please explain:

CERTIFICATION and AUTHORIZATION

I hereby affirm that all information given by me on this application is true. I understand that in the event of my employment by Miles, Grubb & Associates, LLC; DBA Star EMS, any falsification or omission on this application is grounds for immediate termination.

I authorize a thorough investigation to be made in connection with this application concerning criminal record, educational background, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provided employment related information about me to Miles, Grubb & Associates, LLC; DBA Star EMS and to hold Miles, Grubb & Associates, LLC; DBA Star EMS and any former employer harmless from any claim made on the basis that the information about me was provided or that the employment decision was made on the basis of such information. I authorize Miles, Grubb & Associates, LLC; DBA Star EMS to verify my driving record with the State Department of Motor Vehicles and or the Secretary of State.

Any applicant or employee needing accommodation to perform his or her job must notify the Company in writing within 182 days after the need is known.

I understand that nothing in this employment application, the granting of an interview, or my subsequent employment with Miles, Grubb & Associates, LLC; DBA Star EMS is intended to create an employment contract between Miles, Grubb & Associates, LLC; DBA Star EMS and myself. I understand and agree that if hired, my employment will be terminable at will and may be terminated by me or Miles, Grubb & Associates, LLC; DBA Star EMS at any time for any or no reason with or without cause or notice of any kind. I understand that no representative of Miles, Grubb & Associates, LLC; DBA Star EMS, other than the President, and in writing, has the authority to enter into any agreement for any specified period of time or to make any agreement contrary to the above.

If employed I understand that the Miles, Grubb & Associates, LLC; DBA Star EMS may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

STAR EMS

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Employee agrees that any controversy arising out of or in connection with employee's compensation, employment or termination, including but not limited to any and all claims of discrimination or any kind, shall be submitted to arbitration through the American Arbitration Association (AAA), with arbitration to occur within the State of Michigan at a location of the Company's choosing, and to be resolved in accordance with the rules then in effect for AAA. The arbitration proceeding will allow the parties to be represented by counsel at their respective expense, reasonable discovery, a hearing on the merits of the claim, selection of a neutral arbitrator by mutual agreement, and if the parties are unable to agree, based on procedures provided by the AAA, judicial review as provided by Michigan law, and a written award containing findings of fact and conclusions of law. The purpose of this Agreement to Arbitrate is to provide Employee and the Company a forum in which claims or disputes with the Company are resolved by arbitration rather than litigation. This does not restrict Employee from filing a claim or charge with any State or Federal Agency. Rather, this Agreement to Arbitrate applies only to State and Federal court proceedings.

In consideration of Miles, Grubb & Associates LLC's review of my application , I agree that any claim or lawsuit arising out of my employment with, or my application of employment with Miles, Grubb & Associates LLC, DBA Star EMS or any of its subsidiaries, include State and Federal Civil Rights actions, must be filed with AAA within six (6) months of the date of the event giving rise to the claim or forever be barred. While I understand the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and **I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

I hereby acknowledge that I have read, understand, and agree to the above statements.

Signature

Date

Miles, Grubb & Associates LLC DBA Star EMS in an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to race, color, gender, religion, national origin, marital status, ancestry, citizenship, veteran status, or physical or mental disability.