



First Priority Inc.
1831 Airport Blvd.
Cayce, SC 29033
(803)363-6783 Phone
(803)753-0054 Fax

Name and Phone Number

Email Address

Instructions for Completing Application Packet

- You must be at least 18 years old to apply for work at First Priority Inc.
- **First Priority Inc.** is a **smoke free** facility.
- If you are applying for a job that specifies a closing date, your application must be received at **First Priority Inc.** 1831 Airport Blvd. Cayce SC 29033 or by fax at (803) 888-1378 by 4:30 p.m. on the date indicated.
- Your application remains in active review for a 90-day period. Any questions regarding your application, or to reactivate (renew) your application email fto@firstpriorityems.com.
- Employees are required to keep current all applicable licenses (Drivers, EMT, Paramedic, CPR, ACLS, etc.) as required for initial employment. **Include copies of all certifications with your application.** Employees will also be required to pass a standardized lifting test and drug screening.
- You must provide an official copy of your 10 yr. **DRIVING RECORD** with your application.
- You must provide a copy of your **SLED check** available from <https://catch.sled.sc.gov>

STEP 1: Print in black or blue ink or type.

Include your name and social security number where indicated.

STEP 2: Complete Pages 3, 4 and 5, listing all work history information. The application and all release forms must be complete. *(Please print clearly)* A resume may not be submitted in place of the application. Should you choose to submit a resume with your application, it will be reviewed and contained within the submitted application only.

STEP 3: Complete the Reference Release forms (Page 5 and 6) located within your application. Completing these forms allows First Priority Inc. to secure academic, work and DMV information.

First Priority Inc. is an Equal Opportunity Employer



Core Values of First Priority

Integrity Doing the right thing when no one is looking

Respect Treat others as you want to be treated

Compassion Take action to ease others' suffering

Service Serve others selflessly

Take Ownership Act like you own the place

Don't Gossip Negatives go up, positives go all around

Lead Fearlessly Never be afraid of tough decisions

Humility Take pride in your team's work without arrogance

1 Team 1 Dream Team work makes the dream work

Never Give Up Never, Never, Never Give Up

1. Position applied for: Dispatch Driver EMT Paramedic
(Check all that apply) Full Time Part Time Days Nights

2. Social Security Number: _____

3. Full legal name: _____
Last First Middle

4. Address: _____

5. Home Phone: _____ Alternate Phone: _____

6. EDUCATION and CERTIFICATION

a. Highest grade completed: _____ Year completed: _____

b. If you did not complete high school, do you have a high school equivalency diploma? Yes No

c. Number of years of post-high school education: 1 2 3 4 5 6 7

Name and Location of Institution	Degree	Major or Specialty Minor	Dates Attended
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1. _____

2. _____

3. _____

d. Level of EMS Certification: _____

e. SC Certification Number: _____ SC Expiration Date: _____

f. National Registry Certification #: _____ National Registry Expiration Date: _____

g. ACLS Expiration Date: _____

h. CPR Expiration Date: _____

i. Driver's License # _____ State of _____ Exp. Date _____

List any other certifications that are applicable: _____

7. EXPERIENCE - Starting with the most recent describe all paid, military, and applicable voluntary experience.

May we contact your Supervisor? Yes No

Job Title: _____

Employer: _____

Address: _____

Phone #: _____

Type of Business: _____

Immediate Supervisor: _____

Duties: _____

Dates (mo/yr) _____ to (mo/yr) _____

Full Time Part Time Hrs/week _____

Job Title: _____

Employer: _____

Address: _____

Phone #: _____

Type of Business: _____

Immediate Supervisor: _____

Duties: _____

Dates (mo/yr) _____ to (mo/yr) _____

Full Time Part Time Hrs/week _____

Job Title: _____

Employer: _____

Address: _____

Phone #: _____

Type of Business: _____

Immediate Supervisor: _____

Duties: _____

Dates (mo/yr) _____ to (mo/yr) _____

Full Time Part Time Hrs/week _____

Job Title: _____

Employer: _____

Address: _____

Phone #: _____

Type of Business: _____

Immediate Supervisor: _____

Duties: _____

Dates (mo/yr) _____ to (mo/yr) _____

Full Time Part Time Hrs/week _____

e. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements, or specialized skills:

8. **REFERENCES** – List names, addresses and relationships of three persons not related to you who know your qualifications.

Name	Address	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

9. **MICELLANEOUS**

- a. Check which shifts you will accept (all that apply): 48 hour 24 hour
 12 hour Rotating On Call Weekends Nights
- b. What wage are you expecting? _____
- c. Check which employment you would accept (all that apply): Full Time Part Time
- d. Are you eligible for employment in the United States? Yes No
- e. Have you ever served in the US Military? ? Yes No
- f. Have you ever been convicted of a felony? ? Yes No
- g. When will you be available to start work? _____

10. **CERTIFICATION-** Each application requires current date and original signature.

I hereby certify that all entries on all sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of **FIRST PRIORITY INC.** I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application if I so duly noted. I further authorize **FIRST PRIORITY INC.** to rely upon and use as it sees fit any information received from such contacts.

Date: _____ **Applicant Signature:** _____

Reference Release

This form will be given to employers and/or schools you have attended for authorization to release information on your employment or academic history to **FIRST PRIORITY INC.**

Employment at **FIRST PRIORITY INC.** is contingent upon satisfactory references.

By signing below, I grant permission to release information to First Priority Inc, relating to my work and/or academic experience.

Applicant's Name (Please Print)

Social Security Number

Date

Applicant's Signature

Please complete and return to:

First Priority Inc.
1831 Airport Blvd.
Cayce SC 29033
(803) 363-6783 Phone
(803) 753-0054 Fax

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MVR Release Form

In order to provide necessary information to insurance carriers, I authorized, without reservation, **FIRST PRIORITY INC.** to obtain access to my current and/or past motor vehicle record.

Name: _____ Date of Birth: _____

Driver's License #: _____ Driver's License State: _____

I understand that if the information obtained is not acceptable to the insurance carriers, that **FIRST PRIORITY INC.** retains the right to rescind any offer of employment and/or that if at any time during my employment my driving record becomes unacceptable that my employment may be terminated.

Signature: _____

Date: _____

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