



Dear Applicant,

Patriot's mission is to provide the best care possible for every patient we serve and provide unparalleled levels of service to all our clients with experienced, friendly, and motivated staff. We will remain focused on providing prompt, high-quality patient care at the Advanced Life Support and Basic Life Support Levels while continuing to search for new ways to improve medical care and medical transportations safety. Our commitment to clinical excellence and operational efficiency will help countless lives and will help to improve the service image of our clients.

Patriot prides itself in community service and encourages all employees to obtain/maintain a public service affiliation, especially in fire and EMS organizations, and considers community volunteerism a part of the evaluation process. We believe that this not only supports our communities but adds to the employee skills, experience, growth and well-being. As part of this philosophy, all employees, including management, are required to ride the ambulances as part of regular work. For those that are not physically capable of providing medical service, they will function as "observers" and additional crew. Exemptions will be given to individuals who are disabled and cannot reasonably be expected to ride an ambulance.

Currently, Patriot proudly serves the areas of St. Mary's, Calvert, Charles, and Prince Georges County (south of MD-214). This area is very diverse and has multiple general hospitals, specialty centers, and nursing facilities. Patriot strives to maintain an excellent relationship with the people they serve. Patriot gives its patient more; by placing equipment in service that other companies have not.

The hiring process has several steps, they are listed below:

BLS Providers:

1. A 50 question written exam
2. An interview with the CEO and the ALS coordinator
3. A reference and background check
4. A fitness screening by your physician

ALS Providers and Critical Care Transport Providers must complete:

1. A 75 question written exam
2. An interview with the CEO and the ALS coordinator
3. A reference and background check
4. A fitness screening by your physician

Emergency Vehicle Operator:

1. Must be hired as an ALS or BLS Provider
2. A 25 question written exam
3. Complete ten (10) transports with a Emergency Vehicle Operator trainer
4. Final approval will be given by Patriot's Management Staff

Dispatcher

1. A 25 question written exam
2. Interview with the CEO and the Operations Coordinator
3. A reference and background check
4. A fitness screening by your physician
5. Dispatch Software Training

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Materials to prepare for the written exam include, but are not limited to, the most recent edition of the Maryland Medical Protocols for Emergency Medical Services Providers and the Brady series of EMS textbooks. Those interested in Emergency Vehicle Operator should be familiar with regional geography and locations of major hospitals in the National Capital Region and Baltimore area and the Employee Manual. GPS will be available but crew is advised not to rely on the use of this, solely.

Patriot is seeking the “best” providers in the area. As a result, you will note that our application process may, typically, be more extensive than others. We require each employee to go through a “medical screening” process, a background check, attend classroom training on the first day of employment, and participate in a several day orientation process that includes time with an FTO.

Since our company *does not* hire for “driver only” positions, potential ambulance drivers will be required to provide a copy of their driving record and *must* successfully be turned over as an attendant. Van and Sedan drivers will be required to apply for the Maryland Public Service Commission “for hire” driver license and undergo an FBI background check.

Qualified applicants will be contacted to complete the employment process and begin training. Applicants hired will also sign an agreement stating they will complete any additional educational requirements listed as minimum requirements for employment, if they have not already been completed. Patriot will make every effort to provide the necessary courses for those hired. A copy of minimum requirements for employment is available on request. PPD’s must be current in order to begin employment. Patriot will offer PPD testing and medical screening, through Patient First, if you are unable to obtain these through your own physician. N-95 fit testing will be conducted at the Patriot facility.

Personal cell phone usage is not allowed while “responding to” a location or while a patient is under crew care and Patriot has a “no tolerance” policy concerning this.

Best of luck!
Patriot’s Management Staff

7/08/2010

P.O. Box 403, 38588 Brett Way, Mechanicsville, MD 20659 301-290-5202
info@PatriotMedicalTransport.com

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APPLICATION FOR EMPLOYMENT

DATE: ___/___/_____

FULL NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: ___/___/_____

MALE OR FEMALE (Please Circle One) EMPLOYMENT STATUS: FULL-TIME OR PART-TIME (Please Circle One)

CURRENT ADDRESS

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: (____) _____ - _____ MOBILE: (____) _____ - _____

EMAIL: _____

DRIVERS LICENSE STATE OF ISSUE AND NUMBER: _____ - _____ - _____ - _____ - _____

EMERGENCY CONTACT INFORMATION

	<i>NAME</i>	<i>CONTACT NUMBER</i>	<i>ADDRESS</i>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

HAVE YOU EVERY BEEN CONVICTED OF A FELONY AFTER DATE OF HIRE: YES / NO (please circle)

IF YES PLEASE EXPLAIN:

ARE YOU CURRENTLY AFFILIATED WITH ANY OTHER CAREER AND/OR VOLUNTEER ORGANIZATIONS IN THE SAME OR RELATED FIELD AS THE POSTION APPLIED FOR? **YES** OR **NO** (IF YES, FILL OUT LIST BELOW.)

NAME OF ORGNAIZATION POSTION YEARS WITH REFERENCE/CONTACT NUMBER

EDUCATION HISTORY

LIST FROM THE MOST RECENT

TYPE OF SCHOOL: (circle one) **HIGH SCHOOL / COLLEGE / UNIVERSITY / OTHER**

NAME OF SCHOOL: _____

ADDRESS: _____

ATTENDED: FROM: ___/___/___ TO: ___/___/___ TOTAL YEARS: _____

DEGREE(S) OBTAINED: _____

TYPE OF SCHOOL: (circle one) **HIGH SCHOOL / COLLEGE / UNIVERSITY / OTHER**

NAME OF SCHOOL: _____

ADDRESS: _____

ATTENDED: FROM: ___/___/___ TO: ___/___/___ TOTAL YEARS: _____

DEGREE(S) OBTAINED: _____

TYPE OF SCHOOL: (circle one) **HIGH SCHOOL / COLLEGE / UNIVERSITY / OTHER**

NAME OF SCHOOL: _____

ADDRESS: _____

ATTENDED: FROM: ___/___/___ TO: ___/___/___ TOTAL YEARS: _____

DEGREE(S) OBTAINED: _____

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PROFESSIONAL CERTIFICATIONS AND LICENSES
(PLEASE INCLUDE PHOTOCOPIES)

PLEASE FILL IN THE BUBBLE TO THE APPROPRAITE SELECTIONS

Maryland: FR () EMT-B () CRT () CRT-I () EMT-P ()

State Number: _____

Expiration Date: _____

NREMT: FR () EMT-B () EMT-I/85 () EMT-I/99 () EMT-P ()

NREMT Number: _____

Expiration Date: _____

Other State Certification/Licensure and Number: _____

CCEMT-P: Yes () No ()

FP-C: Yes () No ()

OTHER COURSES TAKEN:

BLS () ACLS () ACLS-EP () PALS () NRP () ITLS () PHTLS () AMLS () GEMS () PEPP () EMD ()

Hazmat Training: Yes () No ()

If yes, level: _____

EVOC: Yes () No ()

ICS/NIMS Training: Yes () No ()

If yes, please list: _____

Other Training/Skills:

REFERENCES

NAME: _____

ADDRESS: _____

PHONE NUMBER: (____) _____ - _____ RELATIONSHIP: _____

YEARS KNOWN: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: (____) _____ - _____ RELATIONSHIP: _____

YEARS KNOWN: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: (____) _____ - _____ RELATIONSHIP: _____

YEARS KNOWN: _____

7/08/2010 _____

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EMPLOYMENT HISTORY

LIST FROM THE MOST RECENT

NAME OF EMPLOYER: _____
ADDRESS: _____

CONTACT NUMBER: (____) ____-____ **MAY WE CONTACT THIS EMPLOYER? YES/NO**
DATE OF EMPLOYMENT: FROM ____/____/____ **TO:** ____/____/____ **TOTAL YEARS:** ____
POSITION: _____ **SUPERVISOR:** _____
JOB DESCRIPTION: _____

REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____
ADDRESS: _____

CONTACT NUMBER: (____) ____-____ **MAY WE CONTACT THIS EMPLOYER? YES/NO**
DATE OF EMPLOYMENT: FROM ____/____/____ **TO:** ____/____/____ **TOTAL YEARS:** ____
POSITION: _____ **SUPERVISOR:** _____
JOB DESCRIPTION: _____

REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____
ADDRESS: _____

CONTACT NUMBER: (____) ____-____ **MAY WE CONTACT THIS EMPLOYER? YES/NO**
DATE OF EMPLOYMENT: FROM ____/____/____ **TO:** ____/____/____ **TOTAL YEARS:** ____
POSITION: _____ **SUPERVISOR:** _____
JOB DESCRIPTION: _____

REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____
ADDRESS: _____

CONTACT NUMBER: (____) ____-____ **MAY WE CONTACT THIS EMPLOYER? YES/NO**
DATE OF EMPLOYMENT: FROM ____/____/____ **TO:** ____/____/____ **TOTAL YEARS:** ____
POSITION: _____ **SUPERVISOR:** _____
JOB DESCRIPTION: _____

REASON FOR LEAVING: _____

7/08/2010 _____

P A T R I O T
MEDICAL TRANSPORT SYSTEM, LLC



PLEASE READ CAREFULLY:

By submitting this application for employment to Patriot Medical Transport System, I authorize investigation of all statements contained therein. I hereby authorize Patriot to make any contacts considered necessary for me to be employed, such as previous employers, educational institutions, medical facilities and practitioners, criminal records, etc. I authorize any person or organization whose name I have given as a character reference or by whom I have been previously employed and any educational institution, which I have stated I attended to furnish Patriot Medical Transport System with any information they may have concerning my application. I hereby release all such persons, organizations and institutions from any claims for damage or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentation by me in this application, will be sufficient cause for cancellation of the application or for termination from Patriot Medical Transport System.

I understand that this application is the property of Patriot Medical Transport System, LLC. and will become part of my personnel file if I am hired as an employee. Driving record checks may be required. This will also depend on the insurance company's requirements. I hereby authorize Patriot Medical Transport System to obtain a complete driving history.

POLICY STATEMENT: Patriot Medical Transport System is an equal opportunity organization and shall not discriminate against any employee or applicant for employment because of age, sex, marital status, national origin, religion, race or physical or mental handicap unrelated to the performance of the job or any other prohibited reason. Patriot Medical Transport System will select successful applicants after a full review of this application and additional information developed during background checks. Applicants may be disqualified for criminal conduct.

I, _____ hereby acknowledge that I have read the above statements and certify that all information contained within this application to be true and correct to the best of my knowledge.

Signature

Date

7/08/2010