



High Priority Consultants

Event Medical Team Employment Application

PLEASE READ CAREFULLY!

Welcome to High Priority Consultants! This application is for positions in HPC's Event Medical teams. We are looking forward to learning more about you, your interests and experience. This application is often our first impression of you as a potential team member, so please take your time and fill it out as thoroughly as possible.

These positions are for individuals who hold current Oregon EMT, AEMT, EMTI, or Paramedic medical licenses. Along with this application, please submit a current resume or CV. Applications that are not accompanied by a resume or CV will not be considered.

We appreciate your taking the time to apply.

Personal Information

Name: Last _____ First _____ Middle initial _____

Address _____

City _____ State _____ Postal Code _____

Email _____ Phone Number _____

Preferred name _____ Pronouns _____

Other names gone by _____

Mailing address (if different from physical address)

Address _____

City _____ State _____ Postal Code _____

License: EMT AEMT EMTI Paramedic Other

Do you have a drivers license? No Yes State _____

Have you ever been convicted of a felony? No Yes

If yes, describe

References

Name	Relationship	Phone or email

Questionnaire

How many years of pre-hospital experience do you have? _____

What capacity? (BLS/ALS, fire/EMS, transport/non-hospital based?)

Where did you get your training?

What certifications do you hold? ALS PALS BLS

Other _____

Besides English, what other languages are you familiar with?

Have you ever been a team leader or in a position of authority while working in a professional capacity? Please explain

Do you have any crisis or mental health training? Yes No

If yes, please explain

If you have minimal training, we may require you to attend one or more events in a training capacity at reduced pay. Is this acceptable to you? Yes No

Acknowledgment and Authorization

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize High Priority Consultants to investigate all statements contained in this application as may be necessary in arriving at an employment position. In the event of employment, I understand false or misleading information given in my application may result in immediate dismissal.

Signature _____ enter full name for electronic signature

Date _____

Email completed application to jobs@hpcmedics.com