



Dear Applicant;

I would like to thank you for your interest in working for EmergencyCare and to let you know about our hiring, interviewing and orientation procedures. It is EmergencyCare's policy to keep all applications on file for two years. We generally review, interview and select for open positions on a monthly basis. We conduct new employee orientations during the third week of every month.

Attached to this cover letter is our application packet, which consists of our employment application, our employment prerequisites and our Equal Employment Opportunity Applicant Data Form.

In accordance with various government reporting regulations, we invite you to complete the Equal Employment Opportunity Applicant Data Form. **Submission of the form is voluntary.** Any information provided will be used solely for government reporting purposes and will not identify any individual specifically. **Any information that you choose to provide will be treated as personal and confidential and will be maintained separately from your application.**

EmergencyCare, Inc. believes that all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

If I can be of any further assistance please feel free to contact me at 814/870-1013 or via email at gbrown@emergycare.com. Your cooperation is appreciated and thank you for your interest in EmergencyCare, Inc.

Respectfully,

Glenn A. Brown II

Glenn A. Brown II
Director Support Services/EEO Coordinator

**THIS PAGE
INTENTIONALLY
LEFT BLANK**

Date of Application _____



EMPLOYMENT APPLICATION

PLEASE READ CAREFULLY: Delays in processing this application may result if both sides are not completed in full. This organization is an equal opportunity employer which does not discriminate in employment practices based on race, color, ancestry, religion, sex, age, disability, non-job related disability, marital or veteran status, national origin or any other characteristic protected by law; nor is any question on this application asked for the purposes of limiting or excluding any applicant's consideration for employment for these reasons.

Check All that Apply: Corry Eric Kane Warren Titusville

PERSONAL	
LEGAL NAME LAST FIRST MIDDLE	E-mail Address
ADDRESS STREET CITY/STATE ZIP	TOWNSHIP/BOROUGH

Cell Phone and Provider _____

Home Phone _____

POSITION APPLIED FOR		AVAILABILITY (Check All That Apply)	
1ST CHOICE	2ND CHOICE	FULL TIME	PART TIME (HRS/WK)
		DAYS	NIGHTS
		EVENINGS	WEEKENDS
		ARE YOU ON LAYOFF AND SUBJECT TO RECALL?	DATE AVAIL
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

THIS ORGANIZATION DOES NOT HIRE FIRST LINE BLOOD RELATIVES OR SPOUSES YES NO IF YES, WHICH DEPARTMENT(S) AND SHIFTS(S) _____

TO WORK IN A SECTION SUPERVISED BY SUCH A RELATIVE.

PLEASE STATE WHETHER THIS DISQUALIFIES YOU TO WORK IN ANY DEPARTMENT IN THIS ORGANIZATION.

WORK HISTORY (GIVE A COMPLETE RECORD OF ALL EMPLOYMENT INCLUDING U.S. MILITARY SERVICE)

LAST OR PRESENT EMPLOYER:	DATES EMPLOYED:	JOB TITLE:	SALARY:	DESCRIPTION OF WORK:	REASON FOR LEAVING:
STREET: _____ CITY: _____ STATE: _____ TELEPHONE NO: () _____ ZIP: _____ IMMEDIATE SUPERVISOR: _____	FROM: _____ TO: _____				MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS EMPLOYER: STREET: _____ CITY: _____ STATE: _____ TELEPHONE NO: () _____ ZIP: _____ IMMEDIATE SUPERVISOR: _____	FROM: _____ TO: _____				MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS EMPLOYER: STREET: _____ CITY: _____ STATE: _____ TELEPHONE NO: () _____ ZIP: _____ IMMEDIATE SUPERVISOR: _____	FROM: _____ TO: _____				MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

CLERICAL SKILLS: (Check those that apply) TYPING (_____) WPM _____ MEDICAL TERMINOLOGY _____ INSURANCE CODING _____ DATA ENTRY _____ KEYSTROKES _____

REFERENCES (3) (PLEASE DO NOT LIST RELATIVES, PREVIOUS EMPLOYERS OR PERSONS YOU HAVE KNOWN LESS THAN ONE YEAR)

NAME _____ STREET _____ CITY _____ STATE _____ ZIP _____ PHONE NO () _____
 NAME _____ STREET _____ CITY _____ STATE _____ ZIP _____ PHONE NO () _____
 NAME _____ STREET _____ CITY _____ STATE _____ ZIP _____ PHONE NO () _____

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES YES NO (DOCUMENTS ESTABLISHING YOUR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES IN THE JOB FOR WHICH YOU ARE APPLYING? MUST BE PRESENTED NO LATER THAN 72 HOURS AFTER STARTING EMPLOYMENT)

HAVE YOU EVER WORKED OR VOLUNTEERED WITHIN EnergyCare? YES NO IF YES, GIVE DATES OF EMPLOYMENT, POSITION, AND PREVIOUS NAME, IF APPLICABLE. _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, DESCRIBE BELOW. A criminal conviction will not necessarily be a bar to employment. We will consider when the conviction occurred, the nature of the crime, your subsequent rehabilitation and other factors that will help us to determine whether hiring you would present a security risk or if the criminal conviction disqualifies you from employment.

Do you currently hold a valid driver's license? Yes No License # _____ Exp. Date _____
 Have you ever been convicted of a driving offense? Yes No Describe _____ State _____

Are you currently excluded, suspended, debarred or otherwise ineligible to participate in Medicare, Medicaid and any other Federal health care program or have you been convicted of a criminal offense related to the provision of health care items or services and not been reinstated in Medicare, Medicaid or any other Federal health care program after a period of exclusion, suspension, debarment, or ineligibility?
 Yes No IF YES, DESCRIBE _____

EDUCATION			
NAME OF SCHOOL	LOCATION (CITY AND STATE)	DID YOU GRADUATE?	COURSE OR MAJOR STUDY
HIGH SCHOOL			
VOCATIONAL SCHOOL			
COLLEGE OR UNIVERSITY			
GRADUATE STUDY			
SPECIAL TRAINING			
PROFESSIONAL REGISTRATION OR LICENSURE TYPE.	DATE REGISTERED.	NUMBER.	STATE.

EMT & PARAMEDIC EDUCATION BASIC EMT	INSTITUTION	GRADE	PA. CERT. #	EXP. DATE
EMT (PARAMEDIC) P-2				

NATIONAL REGISTRY YES NO EXPIRATION DATE _____
 EMERGENCY DRIVERS TRAINING YES NO CPR YES NO ACLS YES NO
 OTHER JOB RELATED COURSES: _____

SIGNATURE

 SIGNATURE

 DATE

I understand and agree that I must, as a condition of employment, satisfactorily complete a physical examination, including a urinalysis, to determine the presence of drugs and/or alcohol. I also acknowledge that I have hereby received written notice of such drug and alcohol testing, and if employed by EnergyCare, I agree to abide by its rules and regulations at all times and understand that those rules, regulations and benefits are subject to change by EnergyCare. I understand that the first six (6) months of employment with EnergyCare are considered an introductory period. I understand that any employment with EnergyCare may be terminated, with or without cause or notice, at any time at my option or that of EnergyCare. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing. I give EnergyCare permission to contact any or all of my previous employers and references and authorize them to provide all information requested of them by EnergyCare. I hereby release such previous employers and references from any liability for providing such information. Furthermore, I authorize EnergyCare to obtain, use and rely upon that information in relation to my application. I have provided truthful and complete responses to all inquiries on the application and will provide complete responses to all inquiries by any interviewer or other representative of EnergyCare. I understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal.



Employment Prerequisites

I. Employment At Will

I understand that any employment by EmeryCare, Inc. will be on a six (6) month introductory basis. My employment is for no definite period of time and may be terminated by either party at any time, including during the introductory period.

II. References and Application for Employment

I agree to permit EmeryCare, Inc. and its representatives to contact all or any of my previous employers and references for full information and release all parties from any and all liability in connection with the provision of such information. I certify that all of the information I have provided EmeryCare Inc., including my application for employment, resume, copies of certification, etc., contain full and complete statements of fact. I understand that if any falsification of information is discovered, it may constitute grounds for immediate dismissal.

III. Employment Physical

I agree to undergo a medical physical, which includes a drug and alcohol screening and a weight lifting evaluation. The cost for this employment physical and evaluation will be paid by EmeryCare, Inc. The Company has the right to ask me to undergo future medical and drug screenings, at any time, at no personal expense to me. I agree that the examining physician or designated representative may disclose to EmeryCare, Inc. or its representatives the results of such examination and testing.

IV. Legal Background Investigations

I give EmeryCare, Inc. permission to conduct a criminal background investigation through a local law enforcement agency for the purpose of checking for criminal or driving offense convictions. Due to the nature of EmeryCare's business and in compliance with its certification requirements, EmeryCare, Inc. is legally bound to dismiss any employee whose background does not adhere to its certification requirements. I understand that it is my responsibility without delay to notify my Immediate Supervisor or Human Resources in the event that I am convicted of a crime, driving offense or other action that would impact my employment as defined by the Department of Health or EMS Act during the course of my employment with EmeryCare, Inc. Such information will remain confidential within the environments of EmeryCare's confidentiality and privacy policies.

V. Signature

Name (Print): _____ Date: _____

Signature: _____ Date: _____

**THIS PAGE
INTENTIONALLY
LEFT BLANK**



EQUAL EMPLOYMENT OPPORTUNITY APPLICANT DATA FORM

IMPORTANT - To All Applicants: To enable us to meet government reporting regulations and maintain an Affirmative Action Plan, **EmergyCare, Inc.** requests that you complete this personal data form. **Information will be used solely for government reporting purposes and will kept separate from your application.** Any information that you choose to provide will not be considered by **EmergyCare, Inc.** for employment purposes and will be treated as personal and confidential. Your voluntary cooperation is appreciated.

Name: _____ Position Sought: _____

GENDER Male _____ Female _____

Please check off the appropriate box(es).

RACE/ETHNIC CATEGORY
(Definitions on the back)

- ___ White
- ___ Black or African American
- ___ Hispanic
- ___ Native Hawaiian or Pacific Islander
- ___ Asian
- ___ Native American or Alaskan Native
- ___ Two or more races

REFERRAL SOURCE

- ___ Advertisement (1)
- ___ Employee Referral (2)
- ___ Government Agency (4)
- ___ Employment Agency (5)
- ___ College Recruitment (6)
- ___ Walk-in (7)
- ___ Open House (8)
- ___ Other (9)
(Please describe _____)

___ I have received TANF (Temporary Aid to Needy Families) in the past 12 months.
(Cash Payments from Pennsylvania - Department of Public Welfare)

RACE/ETHNIC CATEGORY DEFINITIONS

White - (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American - (Not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Pacific Islander - All persons having origins in any of the original peoples of Hawaii or the Pacific Islands.

Asian - All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.

Native American or Alaskan Native - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Two or more races - All persons having origins consisting of two or more origins from those categories listed above.



INVITATION TO COVERED VETERANS TO SELF-IDENTIFY

EmergencyCare, Inc. is committed to taking affirmative action to employ and advance in employment qualified covered veterans. If you are a veteran and would like to be considered under this Affirmative Action Plan, please advise Glenn A. Brown II. You may inform us of your desire to benefit under the program after a conditional offer of employment is made and/or at any time thereafter. This information is voluntary and refusal to provide it will not adversely affect whether an applicant is hired or subject an employee to discharge or disciplinary treatment. Information obtained concerning individuals will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and necessary job accommodations; (ii) first-aid personnel will be informed, to the extent appropriate, of conditions that might require emergency treatment; and, (iii) representatives of federal and state agencies may review such records, as required.

In order to assure proper placement of all employees, we request that you answer the following questions: If you have a disability which might affect your performance or create a hazard to yourself or others in connection with the job for which you are applying, please state the following: (1) the skills and procedures you use or intend to use to perform the job notwithstanding the disability, and (2) accommodations which we could make to enable you to perform the job properly and safely, including the provision of special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job or other accommodations.

Employees and applicants may request to see copies of the affirmative action plan during regular business hours from Glenn A. Brown II.

**THIS PAGE
INTENTIONALLY
LEFT BLANK**



PRE-OFFER VETERANS SELF IDENTIFICATION

As an employer with Affirmative Action Obligation pursuant to the Vietnam Era Veterans Readjustment Assistance Act, and/or the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), as appropriate, we must comply with government regulations regarding the collection of demographic information about our applicants. We are required to invite all applicants to self-identify for consideration under our Veteran's Affirmative Action Programs. Provision of this information is voluntary and refusal to provide it will not subject the applicant to adverse treatment. Further, if provided, the information will be kept confidential and used only in accordance with the Acts and regulations.

We are required to take affirmative action to employ and advance in employment: 1) disabled veterans; 2) recently separated veterans; 3) active duty wartime or campaign badge veterans; and 4) Armed Forces Service Medal Veterans. Please see below for the definition of each classification.

Disabled Veteran: 1) a veteran of the U.S. Military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or 2) a person who was discharged or released from active duty because of a service connected disability.

Recently Separated Veteran: Any veteran during the three-year period beginning on the date of such veteran's discharge or release for active duty in the U.S. military, ground, naval, or air service.

Active Duty Wartime or Campaign Badge Veteran: Any veteran who served on active duty during a war or in campaign or expedition for which a campaign badge has been authorized. A list of qualifying wars, campaigns and expeditions is attached.

Armed Forces Service Medal Veteran: This award, authorized by Executive Order 12985, Jan. 11, 1996, is awarded to member of the armed forces of the U.S. who, after June 1, 1992: (1) participate, have participated, as members of U.S. military units, in a U.S. military operation that is deemed to be or significant activity by the Joint Chiefs of Staff; and (2) encounter no foreign armed opposition or imminent threat of hostile action.

If you believe you belong to one or more of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor, we request this information in order to measure the effectiveness of outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE
- I AM NOT A PROTECTED VETERAN
- I CHOOSE NOT TO SELF-IDENTIFY AT THIS TIME

Name: _____ Signature: _____
(Please Print)

Date: _____

**THIS PAGE
INTENTIONALLY
LEFT BLANK**

Wars, Campaigns and Expeditions of the Armed Forces since WW II Which Qualify for Veterans Preference

War Service Creditable for Veterans Preference.

In the absence of statutory definition for "war" and "campaign or expedition," OPM considers to be "wars" only those armed conflicts for which a declaration of war was issued by Congress. The title 38, U.S.C., definition of "period of war," which is used in determining benefits administered by the Department of Veterans Affairs, includes the Vietnam Era and other armed conflicts. That title 38 definition is **NOT** applicable for civil service purposes.

Thus the last "war" for which active duty is qualifying for Veterans preference is World War II. The inclusive dates for World War II service are December 7, 1941, through April 28, 1952.

Non-combat operations that are not qualifying for Veterans preference.

Many medals are awarded for non-combat operations. These medals are not a basis for preference and include the following:

- Global War on Terrorism Service Medal for service from September 11, 2001, to date to be determined.
- The Medal of Merit for meritorious service in World War II.
- The Medal of Freedom for meritorious achievements or meritorious service to the United States on or after December 7, 1941, in the war against an enemy outside the continental limits of the United States.
- The Antarctica Service Medal for participating in a scientific, direct support, or exploratory operation on the Antarctic Continent.
- The National Defense Service Medal for honorable service between June 27, 1950 and July 27, 1954 or January 1, 1961 and August 14, 1974; or for the period between August 2, 1990, and November 30, 1995.
- The Armed Forces Service Medal for participation in a United States military operation deemed to be a significant activity for which there was no threat of encounter of foreign armed opposition or imminent threat of hostile action.
- The Armed Forces Reserve Medal for 10 years of honorable service in a Reserve component; or active duty service in a Reserve component on or after August 1, 1990; or volunteer service for active duty on or after August 1, 1990.

Military Operations Since 1937 for Which a Campaign or Expeditionary Medal Has Been Awarded, Except for Operations Occurring During a Declared War

Military personnel receive many awards and decorations. To help agencies make decisions concerning entitlement to Veterans preference and other benefits, the following list identifies those awards that are campaign and expeditionary medals.

Any Armed Forces Expeditionary Medal, whether listed here or not, is qualifying for Veterans preference.

The Department of Defense, not OPM, determines who is entitled to receive a medal, and under what circumstances. The list below is derived from DoD 1348.33-M, Manual of Military Decorations and Awards.

DD 214, Certificate of Discharge or Separation from Active Duty, or other official documents issued by the branch of service are required as verification of eligibility for Veterans preference.

Campaigns and Expeditions Which Qualify For Veterans preference

<i>Campaign or Expedition</i>	<i>Inclusive dates</i>
<p>Armed Forces Expeditionary Medal (AFEM) A veteran's DD Form 214 showing the award of any Armed Forces Expeditionary Medal is acceptable proof. The DD form 214 does not have to show the name of the theater or country of service for which that medal was awarded.</p>	
Afghanistan (Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF))	OEF September 11, 2001, to present; OIF March 19, 2003, to present
Berlin	August 14, 1961, to June 1, 1963
Bosnia (Operations Joint Endeavor, Joint Guard, and Joint Forge)	November 20, 1995 to December 20, 1996; December 20, 1996 to June 20, 1998; June 21, 1998 to present
Cambodia	March 29, 1973, to August 15, 1973
Cambodia Evacuation (Operation Eagle Pull)	April 11 - 13, 1975
Congo	July 14, 1960, to September 1, 1962, and November 23, to 27, 1964
Cuba	October 24, 1962, to June 1, 1963
Dominican Republic	April 28, 1965, to September 21, 1966
El Salvador	January 1, 1981, to February 1, 1992
Global War on Terrorism	September 11, 2001 to present
Grenada (Operation Urgent Fury)	October 23, 1983, to November 21, 1983
Haiti (Operation Uphold Democracy)	September 16, 1994, to March 31, 1995
Iraq (Operations Northern Watch, Desert Spring, Enduring Freedom (OEF), and Iraqi Freedom (OIF))	January 1, 1997 to present; December 31, 1998 to December 31, 2002 (projected); OEF September 11, 2001, to present; OIF March 19, 2003, to present
Korea	October 1, 1966, to June 30, 1974
Kosovo	March 24, 1999 to present
Laos	April 19, 1961, to October 7, 1962
Lebanon	July 1, 1958, to November 1, 1958, and June 1, 1983, to December 1, 1987
Mayaguez Operation	May 15, 1975 to May 15, 1975
Operations in the Libyan Area (Operation Eldorado Canyon)	April 12, 1986 to April 17, 1986
Panama (Operation Just Cause)	December 20, 1989, to January 31, 1990
Persian Gulf Operation (Operation Earnest Will)	July 24, 1987, to August 1, 1990

Persian Gulf Operation (Operation Southern Watch)	December 1, 1995, to present
Persian Gulf Operation (Operation Vigilant Sentinel)	December 1, 1995 to February 1, 1997
Persian Gulf Operation (Operation Desert Thunder)	November 11, 1998 to December 22, 1998
Persian Gulf Operation (Operation Desert Fox)	December 16, 1998 to December 22, 1998
Persian Gulf Intercept Operation	December 1, 1995, to present
Quemoy and Matsu Islands	August 23, 1958, to June 1, 1963
Somalia (Operations Restore Hope and United Shield)	December 5, 1992, to March 31, 1995
Taiwan Straits	August 23, 1958, to January 1, 1959
Thailand	May 16, 1962, to August 10, 1962
Vietnam Evacuation (Operation Frequent Wind)	April 29, 1975, to April 30, 1975
Vietnam (including Thailand)	July 1, 1958, to July 3, 1965

Note: Section 572 of Subtitle G of the Defense Authorization Act of Fiscal Year 1998 (Public Law 105-85), signed into law on November 18, 1997, allows the Secretary of the military department concerned to determine whether individual members who participated in Operation Joint Endeavor or Operation Joint Guard in the Republic of Bosnia and Herzegovina and in such other areas in the region as the Secretary of Defense considers appropriate, meet the individual service requirements for award of the Armed Forces Expeditionary Medal (AFEM). Generally, service members will be considered eligible if they:

- deployed to Bosnia and Herzegovina (or other area that the Secretary of Defense considers appropriate) in direct support of one or both of the operations;
- served on board a ship in the Adriatic in direct support of one or both of the operations; or
- operated in airspace above Bosnia, Herzegovina (or other area that the Secretary of Defense considers appropriate) while the operations were in effect.

Navy expeditionary Medal and Marine Corps Medal for these Operations:

<i>Campaign or Expedition</i>	<i>Inclusive dates</i>
Cuba	January 3, 1961 to October 23, 1962
Indian Ocean/Iran	November 21, 1979, to October 20, 1981
Iranian/Yemen/Indian Ocean	December 8, 1978 to June 6, 1979
Lebanon	August 20, 1982 to May 31, 1983
Liberia (Operation Sharp Edge)	August 5, 1990 to February 21, 1991
Libyan Area	January 20, 1986 to June 27, 1986
Panama	April 1, 1980 to December 19, 1986 and February 1, 1990 to June 13, 1990
Persian Gulf	February 1, 1987 to July 23, 1987
Rwanda (Operation Distant Runner)	April 7 - 18, 1994
Thailand	May 16 - August 10, 1962

Other Campaign and Service Medals Qualifying for Preference:

<i>Campaign or Expedition</i>	<i>Inclusive dates</i>
Army Occupation of Austria	May 9, 1945 to July 27, 1955
Army Occupation of Berlin	May 9, 1945 to October 2, 1990
Army Occupation of Germany (exclusive of Berlin)	May 9, 1945 to May 5, 1955
Army Occupation of Japan	September 3, 1945 to April 27, 1952
Chinese Service Medal (Extended)	September 2, 1945 to April 1, 1957
Korea Defense Service Medal	July 28, 1954 to (date to be determined)
Korean Service	June 27, 1950 to July 27, 1954
Kosovo Campaign Medal (KCM) Operation Allied Force	March 24, 1999 to June 10, 1999
Kosovo Campaign Medal (KCM) Operation Joint Guardian	June 11, 1999 to (date to be determined)
Kosovo Campaign Medal (KCM) Operation Allied Harbor	April 4, 1999 to September 1, 1999
Kosovo Campaign Medal (KCM) Operation Sustain Hope/Shining Hope	April 4, 1999 to July 10, 1999
Kosovo Campaign Medal (KCM) Operation Noble Anvil	March 24, 1999 to July 20, 1999
Kosovo Campaign Medal (KCM) Task Force Hawk	April 5, 1999 to June 24, 1999
Kosovo Campaign Medal (KCM) Task Force Saber	March 31, 1999 to July 8, 1999
Kosovo Campaign Medal (KCM) Task Force Falcon	June 11, 1999 to (date to be determined)
Kosovo Campaign Medal (KCM) Task Force Hunter	April 1, 1999 to November 1, 1999
Navy Occupation of Austria	May 8, 1945 to October 25, 1954
Navy Occupation of Trieste	May 8, 1945 to October 25, 1954
Southwest Asia Service Medal (SWASM) (Operations Desert Shield and Desert Storm)	August 2, 1990 to November 30, 1995
Units of the Sixth Fleet (Navy)	May 9, 1945 to October 25, 1955
Vietnam Service Medal (VSM)	July 4, 1965 to March 28, 1973
Rwanda (Operation Distant Runner)	April 7 - 18, 1994
Thailand	May 16 - August 10, 1962



INVITATION TO INDIVIDUALS WITH DISABILITIES TO SELF IDENTIFY

EmergencyCare, Inc. is committed to taking affirmative action to employ and advance in employment qualified disabled individuals. If you have a physical or mental impairment that substantially limits a major life activity and would like to be considered under our affirmative action program, please tell us. You may inform us of your desire to benefit under the program after a conditional offer of employment is made and/or at any time thereafter. Submission of this information is voluntary and refusal to provide it will not adversely affect whether an applicant is hired or subject an employee to discharge or disciplinary treatment. Information obtained will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and necessary accommodations; (ii) first-aid and safety personnel will be informed, to the extent appropriate, of conditions that might require emergency treatment; and (iii) representatives of federal and state agencies may review such records, as required.

If you are disabled, we would like to include you under our Affirmative Action Plan. It would assist us if you tell us about (1) any special methods, skills and procedures which qualify you for jobs that you might not otherwise be able to perform because of your disability, so that you will be considered for any position of that kind, and (2) the accommodations which we could make which would enable you to perform the essential functions of your job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations. To participate, please contact Glenn A. Brown II.

Employees and applicants may request to see copies of the affirmative action plan during regular business hours from Glenn A. Brown II.

**THIS PAGE
INTENTIONALLY
LEFT BLANK**

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding EnergyCare in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

First Name _____ Middle Name _____ Last Name _____

For Identification Purposes Only: Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Nickname(s) Used _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

Prior City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

AUTHORIZATION FOR BACKGROUND CHECKS

I authorize EnergyCare to obtain my background report, including investigative consumer reports. I also agree that a copy of this form is valid like the signed original. I understand that, as allowed by law, EnergyCare may rely on this authorization to order additional background reports, including investigative consumer reports, (1) during my employment and (2) from companies other than ADP Screening and Selection Services without asking me for my authorization again, as allowed by law. I understand EnergyCare may order a background report under my legal name and any other names I may have used.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

If you live or work for EnergyCare in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

STATE LAW NOTICES

If you live or work for EnergyCare in the states listed below, please note the following:

MASSACHUSETTS: If you submit a request to us in writing, you have the right to know whether EnergyCare ordered an investigative consumer report from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

MINNESOTA: If you submit a request to us in writing, you have the right to get from EnergyCare a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any, from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.

NEW JERSEY: If you submit a request to us in writing, you have the right to know whether EnergyCare ordered an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

NEW YORK: If you submit a request to us in writing, you have the right to know whether EnergyCare ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

WASHINGTON STATE: You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act.

Please print your legal name:

Last Name _____ First _____ Middle _____

Signature _____

_____/_____/_____
Date (Month/Day/Year)

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK