

# Medical Emergency Ambulance Application for Employment

Position Applied For:		Date:		
Full Name:				
Address:				
Telephone#:		Date of Birth:		
Social Security #:		Drivers License #:		
		Y	N	Date Available:
Have you ever applied with us before?		<input type="checkbox"/>	<input type="checkbox"/>	Applying for:  Full-Time _____ Part-Time _____ Temporary _____
Have you ever been employed with us before?		<input type="checkbox"/>	<input type="checkbox"/>	
May we contact your employer?		<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently on "Lay-Off Status" & subject to recall?		<input type="checkbox"/>	<input type="checkbox"/>	
Can you travel if a job requires it?		<input type="checkbox"/>	<input type="checkbox"/>	
Have you been convicted of a felony w/in last 7 yrs? If yes, explain:		<input type="checkbox"/>	<input type="checkbox"/>	

<b>Education: Address – Course of Study – Years Completed – Degree</b>			
Elem:			
High School:			
College:			
Other:			

<b>Describe any specialized training, apprenticeship, skills, extra-curricular activities:</b>

<b>List professional trade, business or civic activities &amp; offices held:</b>

<b>State any additional information you feel may be helpful to us in considering your application:</b>

### Employment Experience:

(Start w/Current)

Employer (Address):	Telephone:
	Supervisor:
Work Duties:	Date Employed:
Reason For Leaving:	Hourly Rate/Salary: (Starting/Final)

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### Reference:

<b>1 – (Name/Address/Phone#):</b>
<b>2 – (Name/Address/Phone#):</b>
<b>3 – (Name/Address/Phone#):</b>

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant:	Date:
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