



# Employment Application

Position applying for: \_\_\_\_\_

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_

                    Last    First    Middle  
 Telephone: \_\_\_\_\_      Email: \_\_\_\_\_      Alternate telephone \_\_\_\_\_

Address: \_\_\_\_\_

Are you 18 years of age or older?      Yes      No      DOB: \_\_\_\_\_

Have you ever been convicted of a crime?      Yes      No

If "yes" explain:

\_\_\_\_\_

\_\_\_\_\_

Position Desired \_\_\_\_\_

Salary Desired? \$ \_\_\_\_\_ per \_\_\_\_\_ (specify hour, week, year)

Scheduled Desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ # of hours per week \_\_\_\_\_

Could you work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

What date could you start work? \_\_\_\_\_

Could you travel if required by this position? Yes \_\_\_\_\_ % of time \_\_\_\_\_ No \_\_\_\_\_

## EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section.

|  |   |  |
|--|---|--|
| <b>Employer name and address:</b><br>_____<br>_____<br>_____ | <b>Position title/duties, skills:</b><br>_____<br>_____ | <b>Start date:</b><br>_____<br><b>End date:</b><br>_____ |
| <b>Pay: \$</b> _____   | <b>Supervisor:</b><br>_____                             | <b>Reason for leaving:</b><br>_____                      |
| <b>Per:</b><br>_____   | <b>Telephone:</b><br>_____                              |  |

|   |   |  |
|---|---|--|
| <b>Employer name and address:</b><br><hr/> <hr/> <hr/><br><b>Pay: \$</b> _____<br><b>Per:</b> _____ | <b>Position title/duties, skills:</b><br><hr/><br><b>Supervisor:</b> _____<br><b>Telephone:</b> _____ | <b>Start date:</b> _____<br><b>End date:</b> _____<br><b>Reason for leaving:</b> _____ |
| <b>Employer name and address:</b><br><hr/> <hr/> <hr/><br><b>Pay: \$</b> _____<br><b>Per:</b> _____ | <b>Position title/duties, skills:</b><br><hr/><br><b>Supervisor:</b> _____<br><b>Telephone:</b> _____ | <b>Start date:</b> _____<br><b>End date:</b> _____<br><b>Reason for leaving:</b> _____ |
| <b>Employer name and address:</b><br><hr/> <hr/> <hr/><br><b>Pay: \$</b> _____<br><b>Per:</b> _____ | <b>Position title/duties, skills:</b><br><hr/><br><b>Supervisor:</b> _____<br><b>Telephone:</b> _____ | <b>Start date:</b> _____<br><b>End date:</b> _____<br><b>Reason for leaving:</b> _____ |

**EDUCATION**

|                           | Institution Name | Years Completed | Field of Study | Graduate or degree |
|---------------------------|------------------|-----------------|----------------|--------------------|
| <b>High School</b>        |                  |                 |                |                    |
| <b>College/University</b> |                  |                 |                |                    |
| <b>Business/Technical</b> |                  |                 |                |                    |
| <b>Additional</b>         |                  |                 |                |                    |

**List any professional licenses, certifications or registrations earned or in progress, and/or any additional training programs not included in your formal education.**

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**REFERENCES**

List two personal references who are not relatives or former supervisors.

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| Name | Telephone | Occupation | Years known |
|------|-----------|------------|-------------|
|------|-----------|------------|-------------|

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| Name | Telephone | Occupation | Years known |
|------|-----------|------------|-------------|
|------|-----------|------------|-------------|

**CONTACT**

In case of accident or illness, please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**RELEASES AND APPLICANT'S SIGNATURE**

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work, habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that MED-LIFE EMS LLC may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from MED-LIFE EMS LLC and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with MED-LIFE EMS LLC may be terminated.

I understand that the employer follows a employment-at-will policy in that I or the employer may terminate my employment anytime or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_