

Community Ambulance Service, Inc.

Application for Employment

P e r s o n a l	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip			Cell
	Position Desired			Business
	Apart from absence for religious observance, are you available for full-time work?			Social Security #
	Are you legally eligible for employment in the United States?			Pay Expected
	Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? Yes No If "Yes," describe in full.			Are you available to work overtime? Yes No

E d u c a t i o n	School	Name & Location of School	Course of Study	# of Years	Did you Graduate?	Degree or Diploma	
	Graduate						
	College						
	Business/Trade/Technical						
	High School						
	Elementary						

Military	Have you or are you serving in the US Armed Forces? Yes No
	If "Yes," what branch?
Describe any relevant experience or training.	

Employment

Please give an accurate, complete employment record. Start with most recent.

1	Company Name	Telephone
	Address	Employed (Dates) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title & Describe Your Work	Reason for leaving

2	Company Name	Telephone
	Address	Employed (Dates) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title & Describe Your Work	Reason for leaving

3	Company Name	Telephone
	Address	Employed (Dates) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title & Describe Your Work	Reason for leaving

4	Company Name	Telephone
	Address	Employed (Dates) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title & Describe Your Work	Reason for leaving

We reserve the right to contact previous & current employers unless otherwise specified. Please list.	<i>Do Not Contact</i>	
	Employer Number(s)	Reason(s)

Additional Information
Membership in professional and civic organizations, special accomplishments, awards, etc... <i>Exclude those which may disclose your race, color, religion, age or national origin.</i>

Applicant's Signature		
Please read and understand this statement before signing your application:		
<p>The information I have provided in this Application for Employment is true, correct, and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected, or, if discovered after I am employed, cause for immediate termination of my employment.</p> <p>I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume, or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.</p> <p>This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application. Community Ambulance Service, Inc. reserves the right to keep applications current for longer than 30 days without notifying me, as deemed necessary by administration.</p> <p>This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.</p>		
I fully understand and accept all terms and conditions in the above statement.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;">Date</td> </tr> </table>	Signature	Date
Signature	Date	