

WEST TRAIL AMBULANCE SERVICE INC

APPLICATION FOR EMPLOYMENT

<i>PERSONAL INFORMATION</i>							
Last Name		First Name			MI	Social Security Number	
Present Address			City			State	ZIP Code
Permanent Address			City			State	ZIP Code
Telephone Number				Cell Phone Number			
Email Address							
Date of Birth:							
If hired, can you provide written evidence that you are authorized to work in the United States?							
Yes				No			
<i>GENERAL INFORMATION</i>							
Position applying for:				Date you can start:			
Please fill in the times you are available for work each day.							
Hours Available:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
<i>EDUCATION / TRAINING</i>							
Highest grade completed:							
Name of School		Course of Study			Degree, Certificate, Occupational License		
Subjects of special study or research work:							
Special skills / abilities / equipment / software operated:							
List any other qualifications which should be considered:							

Please summarize any work history you may have.

REFERENCES: Please list below three individuals who are not related to you.

Name	Telephone Number

Application Acknowledgement and Release

THIS APPLICATION DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT.

In the event that the applicant agrees to accept a position with the company, the applicant agrees that the employment relationship between the company and the employee is an at-will relationship and that the employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or the employee.

I certify that the information contained in this application is correct. If the company determines that any of the information submitted in this application is false, I shall be immediately disqualified from consideration for employment and / or discharged from employment in accordance with the company's policy.

I hereby understand and authorize West Traill Ambulance Service, Inc. to thoroughly investigate my work and personal history and verify all dates given on this application, on related papers and in interviews. I authorize all individuals, schools, and companies named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information. I also acknowledge and release West Traill Ambulance Service, Inc. and any of its agents, employees, or any other persons acting on behalf of West Traill Ambulance Service, Inc. from any and all liability related to any investigation of the information contained in this application, on related papers, and in interviews.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within fifteen days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature of Applicant

Date

Criminal History

Do you have any felony convictions or have you pled guilty or nolo contendere to any felony; any gross misdemeanor related to assault, sexual misconduct, or the illegal use of drugs or alcohol; or any misdemeanor related to sexual misconduct or the illegal use of drugs or alcohol, theft or any conviction involving bodily injury?

Yes

No

Conviction	Jurisdiction	Date

Certain convictions will prevent you from being employed with West Trill Ambulance Service, Inc.

I understand that some convictions will prevent me from being employed with West Trill Ambulance Service, Inc. and I may be terminated at any time if such convictions appear on my record.

Signature of Applicant

Date

Driving Requirements & Information

I understand that I must be 18 years of age and have had a United States driver's license for at least 2 years before being considered for employment. I understand that a current driver's license and a driving record that is acceptable to West Trail Ambulance Service, Inc. and their insurance carrier is required for employment. I also understand that the aforementioned items are requirements of continued employment and that I can be terminated at any time during my employment for not meeting these requirements.

Do you have a valid driver's license? Yes No

State: _____ License Number: _____

Please list any moving violations (other than speeding) you have:

Offense	Jurisdiction	Date

Please list any speeding violations you have:

Date	Jurisdiction	Posted Limit	Actual Speed

Has your license ever been suspended or revoked? Yes No

If yes, please explain:

Please list any motor vehicle collisions in which you operated the vehicle (regardless of fault).

Date	Jurisdiction	Injuries? Yes / No	Amount of Bodily Damages Paid	Amount of Personal Damages Paid	Type of Accident	Were You Charged with Violation? Yes / No	Found at Fault? Yes / No

Do you have liability insurance on your personal automobile? Yes No

Name of Insurance Company _____ Limits _____

The information on this application is accurate and complete. I understand that any omission or inaccurate information may lead to my disqualification from consideration or my termination from employment.

Signature of Applicant

Date