

Cascade Ambulance Service, Inc.

APPLICATION FOR EMPLOYMENT

Date Received:	
Reviewed by:	
Action:	

Complete this application in black ink. Please write by hand; do not use a typewriter.

PERSONAL INFORMATION

Name: Last First M.I.

Current Address: Street City State Zip Code How Long?

Permanent address if different than above Telephone

E-mail address Alternate telephone

List commitments or activities which may conflict with attendance requirements. Briefly outline current or future work and/or school schedules.

Who referred you to this company? Have you ever applied for work with this company? If so, approx. date

EMPLOYMENT SKILLS

Position applied for: CST Oper. EMT EMT-P RN Other: Employment desired: Full Time Part Time Seasonal Date available

Date & place of initial certification/licensure

Date & place of recertification(s), if any

Endorsements, specialized skills, certifications, etc.

EDUCATION

Schools	Name & Location of School	Dates		Major Study	Degree	GPA
		From	To			
High School						
College, University, Trade or Business School						

MILITARY

Branch of service Rank upon discharge Dates of service Reserve status?

Specialized training received

EMPLOYMENT EXPERIENCE

List past employment record as completely as possible, starting with present or most recent employment. If space is insufficient, list on separate page or attach resume. Include volunteer service, and any periods of unemployment or self-employment.

Employer's Name and Address	Dates		Supervisor's Name and Telephone	Position and Last Salary	Reason for Leaving
	From	To			

REFERENCES

Give names and contact information of three persons to whom you are not related and by whom you have not been employed.

Name	City and Telephone Number	Occupation	Years Known

PERSONAL ACTIVITIES

List school, civic, business, or leisure time activities, and any offices held. Exclude any which indicate race, color, religion, or national origin.

ADDITIONAL INFORMATION FOR PLACEMENT OR CONSIDERATION

I authorize investigation of all statements contained in this application for employment. I understand that misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of consideration for employment or dismissal from the company's service if I have been employed. I understand that employment is subject to my physical ability to complete the tasks required for the position, which may be verified by physical testing and/or examination. I understand that, if I am employed, satisfactory proof of eligibility for employment in the United States is required.

Signature

Date

Cascade Ambulance Service, Inc., is an equal opportunity employer; information submitted hereon will not be used for purposes of discrimination.