



APPLICATION FOR EMPLOYMENT

EMPLOYMENT INTERESTS

<i>POSITION APPLYING FOR</i>	<i>SECOND CHOICE</i>	<i>EXPECTED SALARY</i>
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PERSONAL

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>INITIAL</i>	<i>SOCIAL SECURITY NUMBER</i>	<i>DATE</i>
<i>ADDRESS</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>	<i>TELEPHONE</i>
<i>IF EMPLOYED AND YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT?</i>		<i>IF HIRED, ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK?</i>		
<i>DO YOU HAVE WORK SCHEDULE LIMITATIONS?</i>		<i>IF YES, PLEASE EXPLAIN:</i>		
<i>DO YOU HAVE ANY PHYSICAL CONDITION OR HANDICAP WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING?</i>		<i>IF YES, PLEASE EXPLAIN:</i>		

EDUCATION / TRAINING

<i>SCHOOL OR INSTITUTION</i>	<i>NAME AND ADDRESS OF SCHOOL</i>	<i>MAJOR</i>	<i>GRADUATED</i>	<i>YEARS</i>
<i>HIGH SCHOOL</i>				
<i>COLLEGE</i>				
<i>COLLEGE</i>				
<i>OTHER</i>				
<i>HONORS OR AWARDS RECEIVED:</i>		<i>PROFESSIONAL CERTIFICATES OR LICENSES HELD:</i>		
<i>DATES OF MILITARY SERVICE</i>	<i>BRANCH</i>	<i>HIGHEST RANK HELD</i>	<i>RESERVE STATUS</i>	

REFERENCES

LIST OF PERSONS WHO MAY BE CONTACTED AND ARE QUALIFIED TO EVALUATE YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING. DO NOT INCLUDE RELATIVES.

<i>NAME</i>	<i>ADDRESS</i>	<i>TELEPHONE</i>	<i>OCCUPATION</i>	<i>YRS. KNOWN</i>

*****NOTHING CONTAINED HEREIN IS INTENDED, EITHER EXPRESSED OR IMPLIED, TO PROVIDE ANY CANDIDATE FOR EMPLOYMENT A GUARANTEED RIGHT OF EMPLOYMENT OR TO ESTABLISH AN EMPLOYMENT CONTRACT.***

EMPLOYMENT HISTORY

INDICATE PREVIOUS EMPLOYERS FOR THE PAST THREE (3) YEARS, LISTING CURRENT OR MOST RECENT EMPLOYER FIRST; SHOW PERIODS OF UNEMPLOYMENT OR SELF-EMPLOYMENT. YOU MAY INDICATE PERIODS OF MILITARY SERVICE. ATTACH A SEPARATE SHEET, IF MORE SPACE IS NEEDED.

COMPANY NAME	CITY / STATE	TELEPHONE	DATES EMPLOYED: FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME	TYPE OF BUSINESS:	BASE RATE OF PAY: START: _____ END: _____
DESCRIPTION OF DUTIES		REASON FOR LEAVING:	

IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER?

COMPANY NAME	CITY / STATE	TELEPHONE	DATES EMPLOYED: FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME	TYPE OF BUSINESS:	BASE RATE OF PAY: START: _____ END: _____
DESCRIPTION OF DUTIES		REASON FOR LEAVING:	

COMPANY NAME	CITY / STATE	TELEPHONE	DATES EMPLOYED: FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME	TYPE OF BUSINESS:	BASE RATE OF PAY: START: _____ END: _____
DESCRIPTION OF DUTIES		REASON FOR LEAVING:	

COMPANY NAME	CITY / STATE	TELEPHONE	DATES EMPLOYED: FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME	TYPE OF BUSINESS:	BASE RATE OF PAY: START: _____ END: _____
DESCRIPTION OF DUTIES		REASON FOR LEAVING:	

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION.
ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED WILL BE CONSIDERED VALID.**

I Certify that all answers or statements I have made on this Application for Employment or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any period of my employment. I authorize Patriot Ambulance Service to contact any of my past employers, except as otherwise indicated, and/or schools and authorize my past employers and/or schools to furnish any information concerning my previous employment and/or education. I release Patriot Ambulance Service and all persons and organizations from all claims and liabilities of any nature arising from such investigations or from providing such information for such investigations.

I have no objection to making application for a fidelity bond or security clearance, signing an employment agreement on confidential information and/or inventions.

I understand I may be required to take a pre-employment physical/medical examination, which may include drug/alcohol screening; Patriot Ambulance Service will pay the costs of any such physical/medical examination. Once hired, I understand personnel must maintain and have in their possession at all times any state, county or other license or certification required for the job, including a Michigan Driver's License.

If hired, I understand I will have twenty-four (24) hours to provide Patriot Ambulance Service with the information required to complete the Immigration and Naturalization Service's Form I-9. Federal law requires employers to obtain a completed INS Form I-9 from all job applicants hired after November 9, 1986.

I further understand, if hired, my employment is on an "at will" basis and may be terminated by either me or Patriot Ambulance Service with or without cause.

Applicant's Signature: _____ **Date:** _____