

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer : _____	Name of last Supervisor: _____
Address : _____	Employment Dates: From _____ To _____
_____	Pay or Salary: Start _____ Final _____
City State Zip	Last Job Title : _____
Phone Number : () _____	
Reason for leaving (Please be specific): _____	

Name of Employer : _____	Name of last Supervisor: _____
Address : _____	Employment Dates: From _____ To _____
_____	Pay or Salary: Start _____ Final _____
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_____	Pay or Salary: Start _____ Final _____
City State Zip	Last Job Title : _____
Phone Number : () _____	
Reason for leaving (Please be specific): _____	

May the Personnel Department contact your PAST EMPLOYERS for references? Write Yes or No _____

If YES, then read the following statements and sign your name on the line below. I authorize LifeLine Ambulance to obtain employment information from any previous employer.

Signature _____ Date _____

May the Personnel Department contact your PRESENT EMPLOYERS for references? Write Yes or No _____

If YES, then read the following statements and sign your name on the line below. I authorize LifeLine Ambulance to obtain employment information from any previous employer.

Signature _____ Date _____

DRIVING HISTORY

DO YOU HAVE A DRIVER'S LICENSE? Yes No

DO YOU HAVE AN AMBULANCE DRIVER'S LICENSE? Yes No

Driver's License Number _____ Operator Commercial (CDL) Chauffeur

State of issue _____ Expiration Date _____

Have you had any accidents during the past three years? Yes No If, so, how many? _____

Have you had any moving violations during the past three years? Yes No If, so, how many? _____

MILITARY

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty: _____ Date Entered: _____ Discharge Date: _____

QUALIFICATION SUMMARY

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Multiple horizontal lines for writing a qualification summary.

REFERENCES

May the Personnel Department contact your References? Write Yes or No _____

If YES, then read the following statement and sign your name on the line below. I authorize LifeLine Ambulance to contact my references.

Signature _____ Date _____
First Reference Second Reference
Name _____ Name _____
Company _____ Company _____
Position _____ Position _____
Telephone () _____ Telephone () _____

I certify that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification or dismissal.

Signature _____ Date _____

RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensations injuries, driving record, court record, education, credentials, credit, and references.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, Check this box [] The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street Fort Collins, Colorado 80524.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by _____ or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE
Please print other names you have used
Home Address
City State Zip
Social Security Number Date of Birth