

APPLICATION FOR EMPLOYMENT

Ace Medical Transport, LLC. and Ace Ambulance is an equal opportunity employer and does not discriminate against other qualified applicants on the basis of race, color, creed, religion, age, sex or orientation, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:			_	
Name:	Last	First Middle	Date:	
	Lust	1 list wilddie		
Address:	Number & Street			
	Number & Street	City	State	Zip Code
	Birth date:	Email Address:		
Position Sough	nt:	Full Time Part Tim	ne	
Date Available	e: Salary D	Desired: Phone #:		
Are you over 2	21 years old? Yes/ No	Social Security Number	er:	
		nent in the United States? Yes mentation to verify eligibility.)	No (If offered employment,
EDUCATION are seeking.	: Please indicate educa	ation or training which you believ	ve qualifie	s you for the position yo
High School:	Number of Years Com	npleted (circle one) 1 2 3 4		
Diploma:	Yes No G.E.D.:	Yes No		
School(s):		City/State:		
O	or Vocational School ars Completed (circle of			
School(s):		City/State:		
Major:		Degrees Earned:		
Other Trainin	g or Degrees:			
School(s):		City/State:		
Course	::	Degree/Certificate F	Earned:	

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) He	eld:
State or Georgia Lice	nse Number:
License Expiration Da	ate:
Other Professional Me	emberships:
	e membership in professional organizations that may reveal information regarding s, religion, national origin, ancestry, age, disability, marital status, veteran status or atus.)
	WPM: Microsoft Word:Excel: PowerPoint:
Other Software Skills EMS PCR Programs	:
offense? Yes No	ars, have you ever been convicted of a crime other than minor traffic
age and date of convic	necessarily automatically disqualify you for employment. Rather, such factors as etion, seriousness and nature of the crime, and rehabilitation will be considered).
EMPLOYMENT: Lis	t last employer first, including U.S. Military Service.
May we contact your	present employer? Yes No
If any employment wa	as under a different name, indicate name:
Employer:	Address:
Telephone #:	Position:
Dates of Employment	:: From: To:
Salary: Su	pervisor: Department:
Duties:	Full time / Part time Number of Years:
Reason for Leaving: _	

Employer:	Address:	_
Telephone #:	Position:	_
Dates of Employment: From:	To:	
Salary: Supervisor:	Department:	
Duties:	Full time / Part time Number of Years:	
Reason for Leaving:		
Employer:	Address:	_
Telephone #:	Position:	
Dates of Employment: From:	To:	
Salary: Supervisor:	Department:	
Duties:	Full time / Part time Number of Years:	
Reason for Leaving:		
Explain any gaps in work history:		
Have you ever been discharged or	r asked to resign from a job? Yes No	
If yes, explain:		

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(use non-related references)			
Reference Name:	Address:		
	Job Title	e:	
Relationship to Reference:		_ Number of Years Known:	
=			
= = =			
Reference Name:	Address:		_
Telephone #:	Job Title:		
= -		_ Number of Years Known:	
_			
Telephone #:	Job Title:		
Relationship to Reference:		Number of Years Known:	

References:

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Ace Medical Transport, LLC and Ace Ambulance to verify their naccuracy and to obtain reference information on my work performance. I hereby release Ace Medical Transport, LLC. and Ace Ambulance from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements or any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms or an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.