



**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held: \_\_\_\_\_

State or Georgia License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Other Professional Memberships: \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**SKILLS:**

Office: Typing: \_\_\_\_\_ WPM: \_\_\_\_\_ Microsoft Word: \_\_\_\_\_ Excel: \_\_\_\_\_ PowerPoint: \_\_\_\_\_

Other Software Skills: \_\_\_\_\_

EMS PCR Programs Used: \_\_\_\_\_

**RECORD OF CONVICTION:**

During the last ten years, have you ever been convicted of a crime other than minor traffic offense? Yes No

If yes, explain: \_\_\_\_\_

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? Yes No

If any employment was under a different name, indicate name: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Duties: \_\_\_\_\_ Full time / Part time Number of Years: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Duties: \_\_\_\_\_ Full time / Part time      Number of Years: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Duties: \_\_\_\_\_ Full time / Part time      Number of Years: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job?      Yes No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

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## 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 Trannsport, 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_