



Name					
Address					
City		State		Zip	
Phone Number		Email			
Position Applying For			Licensed Georgia EMS Professional Y / N	Nationally Registered EMS Professional Y / N	
Are you eligible to work in the US?		Have you been convicted of a crime?		Available Start Date	
Are you available to work Overtime?		Are you willing to work Nights and Weekends?			
Previous Employment					
Company				Phone	
Address		City	State	Zip	
Job Title		Starting Salary		Ending Salary	
Employed From		To	Reason for Leaving		
Responsibilities					
Company				Phone	
Address		City	State	Zip	
Job Title		Starting Salary		Ending Salary	
Immediate Supervisor and Phone Number					
Employed From		To	Reason for Leaving		
Responsibilities					

Company		Phone	
Address	City	State	Zip
Job Title	Starting Salary	Ending Salary	
Immediate Supervisor and Phone Number			
Employed From	To	Reason for Leaving	
Responsibilities			
Company		Phone	
Address	City	State	Zip
Job Title	Starting Salary	Ending Salary	
Employed From		To	Reason for Leaving
Responsibilities			
Education			
School Attended		Dates Attended	
Address			
Degree/Diploma Earned:		Area of Study	
School Attended		Dates Attended	
Address			
Degree/Diploma Earned:		Area of Study	
School Attended		Dates Attended	
Address			
Degree/Diploma Earned:		Area of Study	

Licenses and Certifications			Expiration
References			
Name	Title/Relationship	Company	Phone
Email <i>if known</i>			
Name	Title/Relationship	Company	Phone
Email <i>if known</i>			
Name	Title/Relationship	Company	Phone
Email <i>if known</i>			
Name	Title/Relationship	Company	Phone
Email <i>if known</i>			

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize United EMS to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand this relationship is "at-will." This relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature

Date