



PO BOX 2207
Wauchula, FL. 33873

Employment Application

We welcome you as an applicant. Aloha Medical Services is committed to the policy that all persons have equal access to its programs, services, activities, facilities and employment without regard to race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation or status with regard to public assistance.

Please furnish us with complete information. An incomplete application may reduce your opportunity with Aloha Medical Services. You are encouraged to attach any additional information which you believe qualifies you for the department. Materials submitted in support of an application are normally not returned. You should not submit an original document if it is your only copy. Completed applications can be emailed to support@alohamedicalservices.com.

PERSONAL INFORMATION

NAME				
Last		First	Middle	
ADDRESS				
Street		City	State	Zip Code
PHONE NUMBER		EMAIL		
What is the best time to call you?		May we contact you at work? Yes No		
Are you 18 years of age or older? Yes No		If NO, state date of birth		
This position involves driving; indicate driver's license number			State	Class
Recommended By				
Position or Positions Applying For				

Employment

Date Available	Are you employed now? Yes No			
Working Hours	FROM	<input type="checkbox"/> AM <input type="checkbox"/> PM	TO	<input type="checkbox"/> AM <input type="checkbox"/> PM
When not working, I would be available for calls (Check One)		25%	50%	75% 100%
Current Employer		How Long?		
Have you previously applied with Aloha Medical Services?		If YES, dates		

EDUCATIONAL INFORMATION

Highest Grade Completed:

Grade School				High School				College				Post-Graduate			
1	2	3	4	9	10	11	12	13	14	15	16	MA	MS	PHD	LIB
5	6	7	8												

Did you Graduate from High School ? Yes No Name of School _____

SCHOOL				
College, University, Technical, Vocational, Business	Course of Study	# of Years Attended	Did You Graduate	Degree Received
Name: _____				
Location: _____				
Name: _____				
Location: _____				
Name: _____				
Location: _____				

List any relevant correspondence courses, special courses, or special training you have taken

List any EMS experience

List any other experience such as police, first aid, special aptitudes

How did you hear about Aloha Medical Services?

CONVICTION INFORMATION

The existence of a criminal conviction record will not automatically disqualify you, though certain types of criminal convictions may prohibit you from working in certain positions.

Have you ever been convicted of a misdemeanor, a felony or other violation of law that has not been annulled, expunged, set aside, purged, sealed or dismissed?

YES

NO

If yes, please explain the nature of the charge and the circumstances:

For each conviction, give the date of the conviction and the city, county and state where convicted below:

Convicted of _____ In the city of _____

The county of _____ The state of _____

Date of conviction _____

Convicted of _____ In the city of _____

The county of _____ The state of _____

Date of conviction _____

Have you ever been known by another name or combination of names: YES NO

Have you ever had a driving violation, DUI or DWI? YES NO

If yes, date of incident: _____ City/County of occurrence: _____

READ and SIGN

I authorize investigation of all statements contained in this application as may be necessary to arrive at a decision. I certify that all answers to the above questions are true and understand that any false information on or omission of information from this application (including any additional information required for public safety applicants) may be cause for rejection of this application or termination of volunteer status without notice. Moreover, I hereby release Aloha Medical Services and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

* _____
Applicant Signature Date