



ADVANCED LIFE SUPPORT
SOUTHWESTERN MICHIGAN COMMUNITY AMBULANCE SERVICE

2100 Chicago Road • Niles, Michigan 49120 • (269) 684-2170 • Fax (269) 684-2152

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION					LAST
NAME				DATE	
LAST	FIRST	MIDDLE	SSN		
PRESENT ADDRESS					
STREET	CITY		STATE	ZIP	
PERMANENT ADDRESS					
STREET	CITY		STATE	ZIP	
PHONE NO.			ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>					
EMPLOYMENT DESIRED					
POSITION			SALARY DESIRED		
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>			MAY WE CONTACT THEM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DATE YOU CAN START?			REFERRED BY		
EVER APPLIED HERE BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			WHEN?		
EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED	MIDDLE
GRAMMAR SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>		
HIGH SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>		
COLLEGE			YES <input type="checkbox"/> NO <input type="checkbox"/>		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>		

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS: THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, OR NATION OF ORIGIN OF IT'S MEMBERS

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT MOST DID YOU LIKE ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED
1			
2			
3			

IN CASE OF EMERGENCY PLEASE NOTIFY

ADDRESS	LAST	FIRST	MIDDLE INITIAL	PHONE

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE"

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS

NEATNESS

ABILITY

HIRED: YES NO

POSITION

DEPT.

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER