



Ambulance Service, LLC

Application For Employment

First Call Ambulance Service
1930 Air Lane Drive
Nashville, TN 37210
Phone: 615-620-4292
Fax: 615-277-0649
Email: employment@firstcall-ambulance.com

Personal Information

DOB SSN

Last Name Initial First Name

Address Apt. No

City State/ Province Zip/ Postal Code

Phone Number Mobile Number

ARE YOU 21 YEARS OR OLDER?
 YES No

Clear Driving Record
 YES No

Desired Employment

POSITION DATE YOU CAN START Salary Desired

ARE YOU EMPLOYED NOW?
 YES No

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
 YES No

EVER APPLIED TO THIS COMPANY BEFORE?
 YES No WHEN

EVER WORKED FOR THIS COMPANY BEFORE?
 YES No WHEN

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT THIS COMPANY?

WHO REFERRED YOU TO THIS COMPANY?

Education

SCHOOL LEVEL	NAME AND LOCATION	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
High School	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
COLLEGE	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
TRADE / BUSINESS	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Former Employers Below - List your last three employers, starting with the most recent.

NAME OF PRESENT OR LAST EMPLOYER

Address

City State/ Province Zip/ Postal Code

Start Date Leave Date MAY WE CONTACT YOUR SUPERVISOR

NAME OF SUPERVISOR TITLE PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF PRESENT OR LAST EMPLOYER

Address

City State/ Province Zip/ Postal Code

Start Date Leave Date MAY WE CONTACT YOUR SUPERVISOR

NAME OF SUPERVISOR TITLE PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

Former Employers (Continued)

NAME OF PRESENT OR LAST EMPLOYER

Address

City State/ Province Zip/ Postal Code

Start Date Leave Date MAY WE CONTACT YOUR SUPERVISOR

NAME OF SUPERVISOR TITLE PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

References Below - Give the name of three persons you are not related to, whom you have known at least one year.

	NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Service Record

Branch Of Service Discharge Date Rank

Have you been convicted of a felony? If Yes, Explain (Will not necessarily exclude you from consideration)

Authorization

"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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Yes No Date

Employment Release

Full Name: _____ (include maiden name if applicable)

Social Security #: _____ DOB: _____

DL#: _____ State: _____

Address: _____

Have you ever had any disciplinary action taken against any of your licenses? **Yes/No**

Are you currently under investigation or pending discipline from any Board for which you hold a license?

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense?

If so, please include all misdemeanors and felonies, even if adjudication was withheld.

I understand that First Call ambulance has the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize First Call Ambulance to investigate my driving record, criminal record and education verification and credentials.

I further understand that First Call Ambulance may contact my previous employers and I authorize those employers to disclose to First Call Ambulance all records and other information pertinent to my employment with them. I also authorize First Call Ambulance to provide truthful information concerning my employment with it to my future employers and I agree to hold it harmless for providing such information.

Should a job offer be made, proof of employability and identification, as required by the Immigration and Reform and Control Act of 1986, will be required on the first day of work.

I understand and voluntarily agree that if hired, I will complete all educational courses and take all tests necessary to keep all of my licenses, including drivers' license, and certifications current and valid, as required by First Call Ambulance or local, state or federal law or regulation. I further agree to advise First Call Ambulance if at any time my licenses or certifications become invalid or expire. I understand that failure to take such tests when required or requested or to keep my licenses, including drivers' license, current and valid or to advise First Call Ambulance that my licenses have expired or become invalid may result in my immediate dismissal.

I understand that to be considered for employment with First Call Ambulance the company may investigate or obtain records of the following, but not limited to, criminal history, education verification, motor vehicle report, personnel information, references, periodic drug and alcohol testing and medical history.

I certify that all of the information that I provide on this application and in my interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

Signature (Electronically signed):

Date:

