

*As an Equal Opportunity Employer, it is the policy of MedStar Ambulance, Inc. to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, marital status, military status, or unfavorable discharge from military service.*

Position You Are Applying For:		Date of Application
Name (Last, First, Middle Initial)		Social Security Number
Address (Street, City, State, Zip Code)		
Previous Address (if you have lived at the above address less than 12 months)		
Telephone Number Where You Can Be Reached	Are you legally authorized to accept employment in the United States? Proof will be required if employed.	

If employed, and you are under 18, can you furnish a work permit?	Do you have adequate means of transportation to get to work on time every day and when called in on short notice?
Have you been convicted of any criminal offense other than traffic violations?	
If yes, give date and detail of each conviction. (A conviction record is not an automatic ban to employment. The nature of the crime will be considered in relation to the position for which you are applying).	
Have you served in the Military?	If yes, please furnish a copy of your DD Form 214 with this application.

Date you can begin work	Will you accept Part Time work?	Will you accept Full Time work?
Can you work 1st Shift (7 am - 3 pm)?	Can you work 2nd shift (3 pm - 11 pm)?	Can you work 3rd shift (11 pm - 7 am)?
Can you work 24 hour shifts?	Will you work overtime whenever scheduled or requested?	Can you work weekends whenever scheduled or requested?
Shift(s) you prefer to work		

List any special skills, certifications or licenses you possess (medical, technical, clerical, mechanical, etc) which may be of benefit to our Company.

<p><i>Complete this section only if you are applying for an office position</i></p>	Typing, Approximate WPM	Shorthand, Approximate WPM
	Business machines you can operate	
	Special office skills you may possess	
	Long range occupational goals	



**NOTICE TO APPLICANTS AND EMPLOYEES**  
 Screening tests for illegal drug use may be required before hiring and during your employment here.

EDUCATION						
SCHOOL	SCHOOL NAME	WHERE LOCATED	FROM	TO	YEARS OF CREDIT	DEGREES
Grammar						
High School						
College						
Other						

EMPLOYMENT RECORD						
Employer Name/Address		From (Mo/Yr)	To (Mo/Yr)	Duties	Rate of Pay	Reason for leaving
Present Employer						
Last Employer						
Next to last employer						
One other employer						
One other employer						

Comments concerning lapses in employment, if applicable

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Have you ever been discharged from a job, or forced or asked to resign?

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Any comments you feel we should know when we contact your previous employer(s)?

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Are you fully able to properly perform all of the functions of the job for which you are applying, with or without accomodation?

PERSONAL REFERENCES				
Please list four individuals (not relatives or former employers) who can provide a personal reference				
	Name	Complete Address	Title/Position	Relationship
1				
2				
3				
4				

