

EDUCATION

Schools – Name & Location Last year completed Major Course Diploma/Degree?

High School 7 8 9 10 11 12

College 1 2 3 4 or more

Business or Trade School months attended

If you served in the U.S. Armed Forces, briefly describe skills acquired: _____

EMPLOYMENT HISTORY (List present or most recent employer first)

Employers Name: _____ Telephone Number: _____

Address: _____

Dates Employed: _____ Earnings – Start/Final: _____

Job Title: _____ Immediate Supervisor: _____

Nature of work performed and job responsibilities: _____

Reason for Leaving: _____

May we contact for references: Yes No

Employers Name: _____ Telephone Number: _____

Address: _____

Dates Employed: _____ Earnings – Start/Final: _____

Job Title: _____ Immediate Supervisor: _____

Nature of work performed and job responsibilities: _____

Reason for Leaving: _____

May we contact for references: Yes No

Employers Name: _____ Telephone Number: _____

Address: _____

Dates Employed: _____ Earnings – Start/Final: _____

Job Title: _____ Immediate Supervisor: _____

Nature of work performed and job responsibilities: _____

Reason for Leaving: _____

May we contact for references: Yes No

Employers Name: _____ Telephone Number: _____

Address: _____

Dates Employed: _____ Earnings – Start/Final: _____

Job Title: _____ Immediate Supervisor: _____

Nature of work performed and job responsibilities: _____

Reason for Leaving: _____

May we contact for references: _____ Yes _____ No

Other skills and qualifications: _____

List any other facts you feel might be important in considering your application for employment: _____

If hired, when would you be available? _____ Salary requirements? _____

I certify that the information provided by me on this application is true and correct without misrepresentation or omission of any kind whatsoever, and I understand that if any of this information is discovered to be incorrect, false, or misleading, or if there are any misrepresentations or omissions of any kind whatsoever, it will be sufficient cause for cancellation of further employment consideration or my discharge at any time, and I agree that Lifestar Emergency Medical Services, LLC shall not be liable in any respect if my employment is terminated for any of those reasons. I authorize persons, employers, schools, and organizations listed above to give any information to Lifestar Emergency Medical Services, LLC that they may have regarding me. I hereby release those employers, schools, and organizations and all individuals connected with them from all liability including any claim for damages for releasing this information to Lifestar Emergency Medical Services, LLC. In consideration of my employment, I agree to conform to the rules and regulations of this organization. By signing this application, I understand that no contract exists between Lifestar Emergency Medical Services, LLC any myself. My employment will be at will, which means that either I or Lifestar Emergency Medical Services, LLC may terminate the employment relationship for any reason at any time without liability.

Signature: _____ Date: _____