

# MILLER AMBULANCE SERVICE

*"Professional, Cost Effective, Medical Transport Service"*

## Employment Application

<b>APPLICANT INFORMATION</b>			
Last Name	First	M.I.	DOB
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Certifications held:	Expirations of certification:	
Position Applied for    EMT Paramedic			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you certified in CPR?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, expiration?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

<b>EDUCATION</b>			
High School		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

<b>REFERENCES</b>	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
<b>PREVIOUS EMPLOYMENT</b>	

Company					Phone			
Address					Supervisor			
Job Title				Starting Salary	\$	Ending Salary		\$
Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company					Phone	( )		
Address					Supervisor			
Job Title				Starting Salary	\$	Ending Salary		\$
Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company					Phone	( )		
Address					Supervisor			
Job Title				Starting Salary	\$	Ending Salary		\$
Responsibilities								
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch					From		To	
Rank at Discharge					Type of Discharge			
If other than honorable, explain								

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date