

# ADVANTAGE AMBULANCE, INC.

(Pre-Employment Questionnaire)

(An Equal Opportunity Employer)



## APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone-		Cell-		E-mail	
Date Available		Social Security No.		Desired Salary	
Position Applied for					
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"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

## EDUCATION

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

## REFERENCES

*Please list three professional references.*

Full Name		Relationship
Company		Phone (     )
Address		
Full Name		Relationship
Company		Phone (     )
Address		
Full Name		Relationship
Company		Phone (     )
Address		

PREVIOUS EMPLOYMENT			
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.	
We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.	
Signature	Date

## Personal Information Sheet

*Please print*

Date of Birth \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Paramedic \_\_\_\_ EMT-B \_\_\_\_ Other \_\_\_\_\_ (please specify) \_\_\_\_ FT \_\_\_\_ PT

Social Security Number \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Number of Dependents \_\_\_\_\_

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### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Special Instructions \_\_\_\_\_

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### Professional License Information

EMT-B or P License Number \_\_\_\_\_ Expiration \_\_\_\_\_

Resource Hospital \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration \_\_\_\_\_

CPR License Number \_\_\_\_\_ Expiration \_\_\_\_\_

ACLS \_\_\_\_\_ Expiration \_\_\_\_\_

PHTLS \_\_\_\_\_ Expiration \_\_\_\_\_

Other Certifications \_\_\_\_\_

**SUBMIT COPIES OF LICENCES WITH APPLICATION**

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS:

ABILITY:

HIRED:    **Yes**    **No**

POSITION:

DEPT:

SALARY/WAGE:

DATE REPORTING TO WORK:

APPROVED:    1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

ADDITIONAL COMMENTS:

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States.