

APPLICATION INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify us and every effort will be made to accommodate your needs in a reasonable amount of time. (Contact information is above)

1. Please read "Applicant Note."
2. Complete all sections of this form.
3. Incomplete applications will not be processed.

Applicant Note

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

EMPLOYMENT APPLICATION

Date: _____

Applicant Information:

Full name: _____

Social Security Number: _____ Date of Birth: _____

Current Mailing Address: _____ State: _____

Zip: _____

Phone Number: _____ Cell: _____

Email Address: _____

How were you referred to the company? _____

Employment Positions:

Position (s) Applying for: _____

Are you applying for:

- Temporary work – such as summer or holiday work? ()Y or ()N
- Regular part-time work? ()Y or ()N
- Regular full-time work? ()Y or ()N

What days and hours are you available for work? _____

IF hired, on what date can you start working? ____/____/____

Are you available to work overtime if needed? ()Y or ()N

Do you have a valid Drivers/CDL License? ()Y of ()N

Salary desired: \$ _____

Personal Information:

Have you ever applied to/ worked for EMS Inc. before? ()Y or ()N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for EMS Inc.? ()Y or ()N

If yes, state name & relationship: _____

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? ()Y or ()N

If hired, are you willing to submit to and pass a controlled substance test? ()Y or ()N

Are you able to perform the essential functions of the job for which you are applying, either with/ without reasonable accommodation? ()Y or ()N

If no, describe the function that cannot be performed _____

(Note: EMS Incorporated complies with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ()Y or ()N

If yes, please describe the crime – state nature of the crime (s), when and where convicted and disposition of the case

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered)

Education, Training and Experience

High School:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? ()Y or ()N

Degree / Diploma earned: _____

College / University:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? ()Y or ()N

Degree / Diploma earned: _____

Vocational School:

Name: _____

Address: _____

City, state, zip: _____

Number of years completed: _____

Did you graduate? ()Y or ()N

Degree / Diploma earned: _____

Military:

Branch: _____

Rank in Military: _____

Total years of service: _____

Skills/duties: _____

Related details: _____

Employment History:

Company Name: _____
Company address: _____
Company phone number: _____
Dates employed: To: _____ From: _____
Job title: _____
Duties: _____
Supervisor Name: _____
Salary \$ _____ Per (hour, week, month)
Reason for leaving: _____

Company Name: _____
Company address: _____
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References:

Name: _____
Phone number: _____
Years known/Relationship: _____

Name: _____
Phone number: _____
Years known/Relationship: _____

Name: _____
Phone number: _____
Years known/Relationship: _____

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me, the foregoing questions, and the statements made by me are true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company, and/or its agents, including consumer reporting bureaus, to verify any of this information, including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damages whatsoever for issuing this information.

Signature & Date

Printed Name