

# LifeCare Ambulance, Inc. Application for Employment

(Pre-Employment Questionnaire)

## Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Do you have a valid Driver License? **Yes or No**

Do you currently have any points on your driver license? **Yes or No** If yes how many: \_\_\_\_\_

Present Address: \_\_\_\_\_  
*Street City State Zip Code*

Permanent Address: \_\_\_\_\_  
*Street City State Zip Code*

Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Are you 20yrs. of age or older? **Yes or No**

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? **Yes or No**

Have you ever been convicted of a felony? **Yes or No**  
(Note: Conviction of a felony will not necessarily disqualify you from employment)

## Employment Desired

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_

Are you currently employed? **Yes or No**

If yes, may we contact your present employer? **Yes or No**

Have you every applied with LifeCare before? Where: \_\_\_\_\_ When: \_\_\_\_\_

Referred by: \_\_\_\_\_

## Education

	Name & location of School	Number of years attended	Did you graduate	Major Subject of Study
High School				
College				
Trade or Business				

## General

Subject of special study or research work: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Activities (Civic, Athletics, Etc.): \_\_\_\_\_

## Former Employers:

*(List below last three employers, starting with last one first)*

Date mm/yy	Name & Address	Salary	Position	Reason for leaving
From: To:				
From: To:				
From: To:				

Branch of Military Service \_\_\_\_\_ Dates of Service \_\_\_\_\_ to \_\_\_\_\_ Discharge Rank \_\_\_\_\_

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

## References:

*(Give the names of three people who are not related to you and that you have known at least one year.)*

Name	Address	Business	Years Acquainted

## In case of emergency notify:

\_\_\_\_\_  
Name Address Phone

Candidates selected for employment must be able to perform the essential functions of the job, with or without a reasonable accommodation and **must consent to a pre-employment criminal records check and a physical examination, including a urine drug and alcohol screening.**

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time at either my or the company's option. I also understand and agree that the company may change the terms and conditions of my employment at any time, with or without notice. I understand that no company representative other than its president, and then only when in writing and signed by the president, has any authority or enter into any agreement for employment for any specific period of time or to make any agreement contrary to the forgoing.

\_\_\_\_\_  
/ /  
Date

\_\_\_\_\_  
Signature

**LifeCare Ambulance, Inc. is an equal opportunity employer**