



3500 Cottage Hill Rd, Mobile, AL 36609
Office: 251-602-6102 | Fax: 251-602-6110

Employment Application

PLEASE PRINT

Date: _____

Position Applying for: _____ Date Available to Begin Work: _____

Circle One: Full Time Part-Time Desired Hourly Pay: _____

Last Name: _____ First Name: _____ MI: _____

Age: _____ DOB: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

EMT Level: _____ EMT License #: _____ Exp. Date: _____

Do you have a valid driver's license? _____ State/DL#: _____ Exp. Date: _____

Have you worked for Newman's Ambulance before? If so, give details of your reason for leaving:

Personal References

Please list the name, address, phone number, and length of time you have been acquainted:

1. _____

2. _____

3. _____

Have you been convicted of a felony _____ Yes _____ No

Educational Background

	Name of School	From	To	Did you Graduate?	Degree
High School					
College					
Other					

Previous Employment

List the last 3 employers, starting with the most recent:

1. Employer: _____
Length of employment? Month/Year From: _____ To: _____
Contact Person and Position: _____ Phone: _____
Reason for Leaving: _____
2. Employer: _____
Length of employment? Month/Year From: _____ To: _____
Contact Person and Position: _____ Phone: _____
Reason for Leaving: _____
3. Employer: _____
Length of employment? Month/Year From: _____ To: _____
Contact Person and Position: _____ Phone: _____
Reason for Leaving: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge. If this application leads to employment, I understand that falsified statements on this application shall be grounds for dismissal. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice.

Signature: _____ Date: _____