



APPLICATION FOR EMPLOYMENT

DATE _____

LAST NAME		FIRST NAME		MI	SOCIAL SECURITY NO. - -	
PRESENT ADDRESS			CITY	STATE	ZIP	
MAILING ADDRESS			CITY	STATE	ZIP	
PHONE NO. ()	PAGER OR 2 ND PHONE ()		REFERRED BY:			

POSITION		DATE YOU CAN START	SALARY DESIRED	
ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>			ARE YOU LEGAL RESIDENT OF THE US YES <input type="checkbox"/> NO <input type="checkbox"/>	
CURRENT CERTIFICATION	TDH ID #	EXPIRATION	TOTAL YEARS CERTIFIED	
TEXAS DRIVERS LICENSE #	EXPIRATION	INSURANCE REQUIRES ALL DRIVERS BE OVER THE AGE OF 21, ARE YOU OVER 21 YEARS OF AGE YES <input type="checkbox"/> NO <input type="checkbox"/>		

EDUCATION

HIGH SCHOOL and ADDRESS	DATES ATTENDED	GRADUATED YES <input type="checkbox"/> NO <input type="checkbox"/>
COLLEGE and ADDRESS	DATES ATTENDED	DEGREE OR CERT.
COLLEGE and ADDRESS	DATES ATTENDED	DEGREE OR CERT.
OTHER EDUCATION	DATES ATTENDED	DEGREE OR CERT.

SUBJECTS OF SPECIAL STUDY OR TRAINING	
U.S. MILITARY SERVICE	RANK

PREVIOUS EMPLOYMENT

FROM	EMPLOYER AND ADDRESS			
TO				
POSITION	SALARY	SUPERVISOR	TELEPHONE NUMBER	
REASON FOR LEAVING				
DESCRIBE DUTIES:				

FROM	EMPLOYER AND ADDRESS		
TO			
POSITION	SALARY	SUPERVISOR	TELEPHONE NUMBER
REASON FOR LEAVING			
DESCRIBE DUTIES:			

FROM	EMPLOYER AND ADDRESS		
TO			
POSITION	SALARY	SUPERVISOR	TELEPHONE NUMBER
REASON FOR LEAVING			
DESCRIBE DUTIES:			

FROM	EMPLOYER AND ADDRESS		
TO			
POSITION	SALARY	SUPERVISOR	TELEPHONE NUMBER
REASON FOR LEAVING			
DESCRIBE DUTIES:			

FROM	EMPLOYER AND ADDRESS		
TO			
POSITION	SALARY	SUPERVISOR	TELEPHONE NUMBER
REASON FOR LEAVING			
DESCRIBE DUTIES:			

REFERENCES:

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN
NAME	OCCUPATION	TELEPHONE	YEARS KNOWN
NAME	OCCUPATION	TELEPHONE	YEARS KNOWN



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AUTHORIZATION:

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THAT MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE.

DISCLOSURE AND RELEASE

In connection with my application for employment with Coastal EMS, Inc. , I understand that consumer reports, which may contain public record information may be requested and obtained. These reports may include information related to my previous driving record, including court actions, citations, license suspensions and revocations.

I AUTHORIZE, WITHOUT RESERVATIONS, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTION INFORMATION.

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the substance of all information in its files on myself at the time of my request, including all sources of information as well as all recipients of the reports on me which the agency has previously furnished within a two year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization to procure Motor Vehicle Reports at any time during my tenure with this agency.

Print Name

Social Security Number

Signature

Date

Driver License Number

State

Date of Birth

_____ **DO NOT WRITE BELOW THIS LINE** _____

REMARKS

INTERVIEWED BY: _____

DATE _____