



Welcome & Thank you for considering Life Line Emergency Vehicles  
as an opportunity for Employment.

## **Application PDF Instructions**

1. You may print & fill out this Application Form

Mail to:

Life Line Emergency Vehicles

Attn: Employment

PO Box 299

Sumner, IA 50674

Or

2. You may download/save to your computer and fill out utilizing  
Adobe Acrobat with the "Typewriter" feature.

Be sure to save with all your info.

Email to: [mmohs@lifelineambulance.com](mailto:mmohs@lifelineambulance.com)

Subject: Employment Ap



**APPLICATION FOR EMPLOYMENT**  
*(PRINT NEATLY AND COMPLETE ALL BLANKS)*

TODAY'S DATE \_\_\_\_\_

**PERSONAL INFORMATION**

FULL NAME: \_\_\_\_\_

**FIRST MIDDLE INITIAL LAST**

CURRENT ADDRESS: \_\_\_\_\_

**NUMBER STREET APT.**

\_\_\_\_\_  
**CITY STATE ZIP**

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ ALTERNATE PHONE:(\_\_\_\_) \_\_\_\_\_

- Are you 18 years of age or older? \_\_\_ Yes \_\_\_ No
- Are you legally authorized to work in the United States? \_\_\_ Yes \_\_\_ No
- Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? \_\_\_ Yes \_\_\_ No

*(List other names)* \_\_\_\_\_

**DESIRED EMPLOYMENT**

POSITION / JOB TITLE \_\_\_\_\_

\_\_\_ FULL TIME \_\_\_ PART TIME \_\_\_ SEASONAL \_\_\_ OTHER

SALARY / WAGE DESIRED: \_\_\_\_\_

DATE AVAILABLE TO START: \_\_\_\_\_

**EDUCATION**

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED?    \_\_\_ YES    \_\_\_ NO

NAME OF LAST SCHOOL ATTENDED: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

**CIRCLE LAST YEAR OF SCHOOL COMPLETED:**

6 7 8 9 10 11 12 14 15 16 17 18

**CIRCLE HIGHEST DEGREE EARNED:**

HIGH SCHOOL DIPLOMA    GED    CERTIFICATE    AA    BD MD    PHD    OTHER

**AREA OF CONCENTRATION / DEGREE(s), CERTIFICATES, LICENSES, ENDORSEMENTS**



**OTHER TRAINING OR SKILLS (Factory, Office Machines Operated, Special Courses, Computer Skills, etc)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**  
Former Employment – *List employers, starting with current or most recent. Explain all gaps in time of employment.*

COMPANY NAME: \_\_\_\_\_ JOB TITLE \_\_\_\_\_

ADDRESS:

Number                      Street                      City                      State                      Zip

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ RATE OF PAY \_\_\_\_\_

DETAILED JOB DUTIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_



COMPANY NAME: \_\_\_\_\_ JOB TITLE \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
Number Street City State Zip

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ RATE OF PAY \_\_\_\_\_

DETAILED JOB DUTIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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COMPANY NAME: \_\_\_\_\_ JOB TITLE \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
Number Street City State Zip

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ RATE OF PAY \_\_\_\_\_

DETAILED JOB DUTIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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MAY WE CONTACT YOUR FORMER EMPLOYERS TO VERIFY INFORMATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, Explain. (*Will not necessarily exclude you from consideration*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

