

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

Subject: Employment Ap



<u>APPLICATION FOR EMPLOYMENT</u> (PRINT NEATLY AND COMPLETE ALL BLANKS)

TODAY'S DATE				
PERSONAL INFORM	MATION			
FULL				
NAME:				
		MIDDLE INI	TIAL	LAST
CURRENT				
ADDRESS:				
NUMBI	ER	STREET		APT.
CITY		STATE	ZIP	
PHONE NUMBER: (_)	ALTERNAT	TE PHONE:()
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• Are you 18 years	0		_110	
• Are you legally a in the United Sta	umorizeu to wo	Yes	No	
				npany will require to
verify any of the				npany win require to
(List other names)		165	110	
DESIRED EMPLOYM	IENT			
POSITION / JOB TITL				
FULL TIME	PART TIME	ESEASC	ONAL	_OTHER
SALARY / WAGE DES	IRED:			
DATE AVAILABLE TO	START:			

EDUCATION				
DO YOU HAVE A HIG	H SCHOOL DIPLOMA	A OR GED?	_YES	NO
NAME OF LAST				
SCHOOL				
ATTENDED:	CIT	'Y	STATE_	
CIRC	CLE LAST YEAR OF S	SCHOOL COMPLE	TED:	
	6 7 8 9 10 11 12	14 15 16 17 18		
	CIRCLE HIGHEST D	EGREE EARNED:		
HIGH SCHOOL DIP	PLOMA GED CERTI	FICATE AA BD	MD PHD	OTHER
AREA OF CONCENTR ENDORSEMENTS	RATION / DEGREE(s),	CERTIFICATES, I	LICENSES,	
OTHER TRAINING OF	R SKILLS (Factory Of	fice Machines Opers	ated Special	Courses
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OTHER TRAINING OF Computer Skills, etc) EMPLOYMENT HIST Former Employment – gaps in time of employment	TORY List employers, <u>starting</u>			
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EMPLOYMENT HIST Former Employment – gaps in time of employm COMPANY NAME: ADDRESS: Number	TORY List employers, starting nent. Street	g with current or mosJOB TITLE	t recent. Exp	lain all Zip
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COMPANY NAME:JOB TI		JOB IIILE	TITLE		
ADDRESS:					
Numbe	r Street	City	State	Zip	
START DATE	START DATEEND DATERA		RATE OF PAY		
	TIES				
REASON FOR LEAVING					
COMPANY NAME:		JOB TITLE			
ADDRESS:					
Numbe	r Street	City	State	Zip	
START DATE	END DATE	RATE OF PAY			
	TIES				
REASON FOR LEAVING					
WE CONTACT YOU ERIFY INFORMATION	JR FORMER EMPLOYERS DN?	S	_YES	NO	
WE CONTACT YOU	JR PRESENT EMPLOYER	?	_YES	NO	

	OVIDE ANY ADDITIONAL ABILITIES THAT MAKE			
	EMERGENCY VEHICLES			
REFERENCES				
RETERENCES				
NAME	ADDRESS	BUSINESS	PHONE	YEARS AQUAINTED
1.				
2.				
3.				
_				
	e law prohibit discrimination in hir		or, creed, sex, natio	onal origin, religion,
disability, veteran's	status or any other protected class.	•		
AUTHORIZATI	ON			
I authorize investio	gation of all statements conta	ined in this annlicatio	on Lunderstan	nd that omission or
	of facts is cause for dismissal		in I wilder star	a mai omission or
SIGNATURE OF	APPLICANT		DAT	E