



LIFE LINE
EMERGENCY VEHICLES

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: lzmoos@lifelineambulance.com

Subject: Employment Ap



LIFE LINE
EMERGENCY VEHICLES

1 Life Line Dr, Sumner, IA 50674

www.lifelineambulance.com

EMPLOYMENT APPLICATION

NAME (Last, First, Middle Initial)

EMAIL ADDRESS

STREET ADDRESS

PRIMARY TELEPHONE

()

CITY, STATE, ZIP

ALTERNATIVE TELEPHONE

()

POSITION(S) APPLYING FOR

DATE

It is the policy of Folience (and all of its affiliated entities) to provide equal employment opportunities to all employees and applicants for employment regardless of race, color, religion, sex, gender identity, national origin, age, sexual orientation, disability, genetic information, status as a covered veteran, and/or any other legally protected classification in accordance with federal, state and local statutes, regulations and ordinances. You may notify the EEOC, FCC or other appropriate state or local agency if you believe your equal employment rights have been violated.

Pre-employment drug testing required; physicals, motor vehicle record screens, credit checks, and/or criminal background checks required on designated positions.

PLEASE PRINT

Last Name		First Name		M.I.	Other names by which you have been known:		
Have you ever been employed by Folience and/or any of its affiliated entities? <input type="checkbox"/> Yes <input type="checkbox"/> No (The Gazette, Color Web Printers, Golden Triangle Newspaper Group, Fusionfarm, Vernon Research Group, Life Line Emergency Vehicles)					Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, years of employment? _____ to _____							
Position(s) held _____							
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Valid chauffeur's license? <input type="checkbox"/> Yes <input type="checkbox"/> No					Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you had any driving violations in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No					If applicable, work visa number _____		
If yes, please give dates and nature of violations: _____							
In the last seven years have you pled guilty or no contest to, been convicted of, or received a deferred sentence with respect to any crime? (You are not required to provide information about a conviction which has been annulled, expunged or sealed by a court.) <input type="checkbox"/> Yes <input type="checkbox"/> No							
If YES, describe in full _____							
Note: Conviction is not necessarily a disqualification from employment, but may be considered in relation to the position for which you are applying.							
POSITION(S) applying for:							
AVAILABILITY: Check all that apply <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours Per Week _____ <input type="checkbox"/> Weekend <input type="checkbox"/> Temporary				Date available for employment:			
<input type="checkbox"/> Day <input type="checkbox"/> Night				Salary requirement:			
NAME AND ADDRESS		NO. OF YEARS COMPLETED		DID YOU GRADUATE? (Check One)			
HIGH SCHOOL				YES		NO	
						GED	
COLLEGE				MAJOR		DEGREE	
OTHER TRAINING							
List training, skills, certifications, etc. that qualify you to perform the position for which you are applying: _____							

Please complete each section thoroughly even if a resume is included. List your present or most recent employer first.

Employer Name	Starting Date	Ending Date
Address	Starting Position	Ending/Current Position
City, State, Zip	Starting Salary	Ending/Current Salary
Describe the Responsibilities of Last/Current Position Held		
Name and Title of Immediate Supervisor	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone ()
Reason(s) for Leaving <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff Please Explain: _____		

Employer Name	Starting Date	Ending Date
Address	Starting Position	Ending/Current Position
City, State, Zip	Starting Salary	Ending/Current Salary
Describe the Responsibilities of Last/Current Position Held		
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Where did you hear about this position?

☐ Employee _____

☐ Company Website _____

☐ Newspaper/Publication _____

☐ Employment Website _____

☐ Job Fair _____

☐ Other _____

Provide four professional work-related references, exclude family and friends.

Name & Relationship	Title	Company Name & Address	Telephone

All statements and information provided on my application and/or in an interview are true and correct, and no attempt has been made to conceal or withhold pertinent information. I understand that any falsification or misrepresentation given in my application and/or interview is cause for rejection of my application for employment, and also cause for immediate termination, in the event I am employed. I hereby authorize investigation of all the statements I have made herein. I authorize the companies, or persons named (including former supervisors) to give any information regarding my past employment, together with any information they may have regarding me whether or not it is on their records. I hereby release said companies or persons, and Folience from all liability or any damage whatsoever for issuing or obtaining this information.

I understand that unless there is a written special agreement between Folience and the employee to the contrary, all employment at Folience is "at will." I understand that there is no guarantee of any continued future employment, should I become an employee of Folience. I further understand that the Employee Handbook is for guidance purposes only and provides no promises or contracts as to my employment. As an "at will" employee, I understand that my employment may be terminated at any time for any reason.

It is the policy of Folience not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act. (ADA)

I understand that this Employment Application shall be active for a period of 90 days. If I continue my interest in employment with Folience after that period, I understand it is my responsibility to complete a new employment application form.

Signature _____

Date _____