



References

Please list three professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____

Previous Employment

Company: _____ Phone: () _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO



Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

Class of driver's license and license number: _____

I authorize Linwood Ambulance to obtain a copy of my Motor Vehicle Driver's License record for insurance purposes as well as a criminal record report with my initial application and a yearly check of reports for insurance and employment purposes.

Date: _____ Signature: _____

Have you been convicted of any motor vehicle violations during the past three years?

NO YES

Explain: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on the application shall be grounds for dismissal, if employed.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that acceptance is contingent on completion of a six month probationary period. However Linwood Ambulance Service is an at-will employer and termination may occur at any time during employment.

I understand that all uniforms, equipment, and gear assigned to me remains property of Linwood Medical Center d/b/a Linwood Ambulance Service and will be returned upon my termination of membership.

Signature: _____ Date: _____

Please attach copies (front and back) of all certifications and driver's license.