



## EDUCATION

Do you have a high school diploma? \_\_\_\_ No \_\_\_\_ Yes

School Name: \_\_\_\_\_

Location: \_\_\_\_\_

If No, Do you have a GED certification? \_\_\_\_ No \_\_\_\_ Yes

If No, indicate highest grade completed: \_\_\_\_\_

**LIST COLLEGES/UNIVERSITIES ATTENDED AND ANY SPECIAL TRAINING RECEIVED**

Name & Address	Dates	Subject	Degree or Certificate Obtained

**LIST ANY OTHER VALID LICENSES AND CERTIFICATES YOU HOLD:**

Type of License or Certificate	Issuing State	Registration Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **EXPERIENCE**

Please list below the last (3) Employer's, starting with the most recent first:

<b>From:</b> <b>To:</b>	<b>EMPLOYER:</b>
<b>JOB TITLE:</b>	<b>TELEPHONE # and ADDRESS:</b>
<b>IMMEDIATE SUPERVISOR:</b>  <b>TITLE:</b>	<b>NATURE OF WORK PERFORMED/RESPONSIBILITIES:</b>
<b>SALARY:</b>	<b>REASON FOR LEAVING:</b>

<b>From:</b> <b>To:</b>	<b>EMPLOYER:</b>
<b>JOB TITLE:</b>	<b>TELEPHONE # and ADDRESS:</b>
<b>IMMEDIATE SUPERVISOR:</b>  <b>TITLE:</b>	<b>NATURE OF WORK PERFORMED/RESPONSIBILITIES:</b>
<b>SALARY:</b>	<b>REASON FOR LEAVING:</b>

<b>From:</b> <b>To:</b>	<b>EMPLOYER:</b>
<b>JOB TITLE:</b>	<b>TELEPHONE # and ADDRESS:</b>
<b>IMMEDIATE SUPERVISOR:</b>  <b>TITLE:</b>	<b>NATURE OF WORK PERFORMED/RESPONSIBILITIES:</b>
<b>SALARY:</b>	<b>REASON FOR LEAVING:</b>

## **REFERENCES**

Please list below the names of (3) persons that are not related to you, whom you have known for at least one year:

NAME	ADDRESS	PHONE #

I certify that the statements made by me on this application are, to the best of my knowledge, true, complete and correct. If employed, I understand that any misrepresentation or material omission of fact on this application may be constituting grounds for disqualification and/or dismissal. I further understand that any offer of employment is subject to successful completion of a physical examination (including drug screening) and background investigation. Additionally, any individual offered employment may be required to demonstrate the ability to perform the physical requirements of the job. Having applied for employment with DH&L Ambulance League, I do hereby agree and do give my consent that any person, firm or organization listed heron is authorized to furnish DH&L Ambulance League with personal or reference material concerning my character, past employment or any other information they so request. I further agree and hereby give my consent for DH&L Ambulance League any statistical data regarding this application that may be required for compliance with the Equal Employment Opportunity guidelines.

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary on this application form. The number will be used by DH&L Ambulance League to help verify your identity and information contained on the application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* NOTE \*\*\***

**Applicants for Volunteer or Ride along Membership, do not need to fill out the Experience Page.**