



## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY #
PRESENT ADDRESS		CITY, STATE, ZIP	
OTHER ADDRESS (if different from above)		CITY, STATE, ZIP	
ARE YOU 21 YEARS OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE	CELL PHONE	EMAIL ADDRESS

### DESIRED EMPLOYMENT

POSITION DESIRED _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN	DATE AVAILABLE	SALARY DESIRED
Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so may we inquire of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you legally eligible to work in US? <input type="checkbox"/> YES <input type="checkbox"/> NO
Who referred you to Heartland Ambulance Service? <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Internet Advertising <input type="checkbox"/> Heartland Ambulance Service Employee <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Office <input type="checkbox"/> Walk In		

### EDUCATION

High School	Technical School	Undergraduate College
Name of facility where you received your technical training:		Have you ever served in the US Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of College Attended		Major Area of Study
		Degree Received <input type="checkbox"/> YES <input type="checkbox"/> NO

### ADDITIONAL INFORMATION

*Please attach any certifications relevant to the position you are applying for.  
Summarize special job-related skills and qualifications from employment and other experiences.*

RETURN TO: Heartland Ambulance Service  
 Attn: Human Resources Department  
 408 W. Airpark Dr., Muncie, IN 47303

## PREVIOUS EMPLOYMENT WITH Heartland Ambulance Service

Have you ever applied to this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when?
Have you ever worked for this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when?

## FORMER EMPLOYERS

List below your last four employers, starting with the most recent first.

Name of present or most recent employer		
Address (include city, state, zip)		
Starting Date	Leaving Date	Job Title
Starting Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Ending Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor	Title	Phone
Description of work		
Reason for leaving		

Name of present or most recent employer		
Address (include city, state, zip)		
Starting Date	Leaving Date	Job Title
Starting Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Ending Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor	Title	Phone
Description of work		
Reason for leaving		

## FORMER EMPLOYERS (Continued)

Name of present or most recent employer		
Address (include city, state, zip)		
Starting Date	Leaving Date	Job Title
Starting Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Ending Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor	Title	Phone
Description of work		
Reason for leaving		

Name of present or most recent employer		
Address (include city, state, zip)		
Starting Date	Leaving Date	Job Title
Starting Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Ending Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor	Title	Phone
Description of work		
Reason for leaving		

# REFERENCES

Give the names of three persons you are not related to whom you have known for at least one year.

Name		
Address		
Telephone	Occupation	Years Acquainted

Name		
Address		
Telephone	Occupation	Years Acquainted

Name		
Address		
Telephone	Occupation	Years Acquainted

<p>Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, list dates and location and disposition of case.</p>
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Heartland Ambulance Service is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Heartland Ambulance Service depends solely on your qualifications.

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date