



**Return completed applications to:**

**Tri Med Ambulance**  
 Attn: Recruiting Department  
 18821 East Valley Hwy  
 Kent, WA 98032

**HR DEPARTMENT ONLY**

Date Received \_\_\_\_\_

**NOTE: PLEASE ASK IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION**

**INFORMATION**

LAST NAME:		FIRST NAME:		MIDDLE IN:
PRESENT ADDRESS:		CITY:	STATE:	ZIP:
HOME OR MESSAGE PHONE:		WORK:	E-MAIL:	
SOCIAL SECURITY NUMBER:		WAGE/SALARY DESIRED:		
EMPLOYMENT REFERAL:		DATE AVAILABLE FOR WORK:		
AVAILABLE:	Full-Time	Part-Time	Nights	APPLYING FOR: EMT Cabulance CCT
Will visa or immigration status prevent lawful employment? Yes No (Proof of right to work in the U.S. will be required if hired.)				
Are you 21 years or older? Yes No (If no, employment is subject to minimum legal age requirements.)				
Do you have a Non-Compete, Non-Disclosure, or other agreement that might restrict your employment with us? Yes No				
Have you ever previously applied to or been employed by this company? Yes No If yes, when?				
How did you learn about this position opening?				
Were you known by any other name at any job or school listed on this application? What name(s)?				
At which school(s)/employer(s) were you known by this other name?				

**EDUCATION**

	Name and Location of School	Years Completed	Did you graduate?	Degrees Received
High School				
College				
Other Schooling				

**CERTIFICATIONS**

	Date Completed (or scheduled)	Issuing State	Expiration	ID Number
EMT				
NREMT				
CPR				

**ADDITIONAL INFORMATION.**

(Summarizes special job related skills acquired from employment or other experience.)

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**EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)**

Please list your employment history below beginning with the most recent employer, include U.S. military service.

If currently employed, may we contact your employer? Yes No

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

I certify that the information given by me is true and complete to the best of my knowledge. I understand that if I am employed, the discovery that I gave false information during the application process may result in immediate dismissal.

I authorize Tri-Med Ambulance to which I am providing this application to investigate all statements contained in this application and to request information about me from previous employers, educational institutions, and references. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties (including Tri-Med Ambulance) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information. If employed, I release the Company from any liability for future references it may provide regarding my work history with the Company.

Due to the large number of applications that Tri Med Ambulance receives, I understand Tri Med Ambulance cannot guarantee that my application will be considered for any or all open positions they may have or that my application will be considered for any specific time.

In the event of employment, I understand that I am required to abide by all current and subsequently issued rules and regulations of the Company and that my employment and compensation may be terminated, at any time, with or without notice, by either party.

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

\_\_\_\_\_  
Date