



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 <input type="checkbox"/> Part-Time <input type="checkbox"/>		APPLYING FOR: EMT-B <input type="checkbox"/> Cabulance <input type="checkbox"/> Part-Time <input type="checkbox"/>		
Will visa or immigration status prevent lawful employment? Yes <input type="checkbox"/> No <input type="checkbox"/> (Proof of right to work in the U.S. will be required if hired.)				
Are you 21 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever previously applied to or been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> 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	Year Completed	Did you graduate?	Degree Received
High School				
College				
Other Schooling				

ADDITIONAL INFORMATION

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

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