

AIR AMBULANCE WORLDWIDE, INC.

Employment Application



| APPLICANT INFORMATION – <i>MUST PROVIDE RESUME OR CV WITH THIS APPLICATION</i> | | | | | |
|---|---------------------|------------------------------|--|---|--------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | E-mail Address | | | |
| Position Applied For: | | Driver's License #: | | State: | |
| Date Available | Social Security No. | | Do you have a valid Passport? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Are you a citizen of the United States? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Do you have Dual Citizenship with another Country? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, where? | |
| Do you speak any foreign languages? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, what are they? | |
| Do you have any specialized medical training? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain. | |
| Have you ever been convicted of a felony? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain. | |
| EDUCATION | | | | | |
| High School | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| REFERENCES | | | | | |
| <i>Please list two professional references.</i> | | | | | |
| Full Name | | | Relationship | | |
| Company | | | Phone () | | |
| Address | | | | | |
| Full Name | | | Relationship | | |
| Company | | | Phone () | | |
| Address | | | | | |
| MILITARY SERVICE | | | | | |
| Branch | | | From | To | |
| Rank at Discharge | | | Type of Discharge | | |
| If other than honorable, explain | | | | | |

| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| DISCLAIMER AND SIGNATURE | |
|---|------|
| <p>"I certify that the fact contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.</p> <p>I authorize investigation of all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information.</p> <p>I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.</p> <p>This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."</p> | |
| Signature | Date |

| HOW DID YOU HEAR ABOUT AIR AMBULANCE WORLDWIDE / THIS OPEN POSITION? |
|---|
| Please take a moment to tell us how you heard about our company or this open position: |
| Google <input type="checkbox"/> Yahoo <input type="checkbox"/> Industry Referral <input type="checkbox"/> Current Job <input type="checkbox"/> Hospital Referral <input type="checkbox"/> Craigslist <input type="checkbox"/> |
| Other: |