

Cascade Ambulance Service, Inc.
APPLICATION FOR EMPLOYMENT

Date Received:	
Reviewed by:	
Action:	

Complete this application in black ink. Please write by hand; do not use a typewriter.

PERSONAL INFORMATION

Name: Last First M.I.

Current Address: Street City State Zip Code How Long?

Permanent address if different than above Telephone

E-mail address Alternate telephone

List commitments or activities which may conflict with attendance requirements. Briefly outline current or future work and/or school schedules.

Who referred you to this company? Have you ever applied for work with this company? If so, approx. date

EMPLOYMENT SKILLS

Position applied for: Employment desired: Date available: ___/___/___
 CST Oper. EMT-P EMT RN Other: _____ Full Time Part Time Seasonal

Date & place of initial certification/licensure

Date & place of recertification(s), if any

Endorsements, specialized skills, certifications, etc.

EDUCATION

Schools	Name & Location of School	Dates		Major Study	Degree	GPA
		From	To			
High School						
College, University, Trade or Business School						