

Life Air, Inc.
 729 6th Street
 Portsmouth, Ohio 45662
 740 354-6169

Employment Application

Please read carefully, write clearly, and answer all questions.
 We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, marital or veteran status, sex, or any other legally protected status.

General Information

Date	Last Name	First Name	MI	Are you 18 years of age or older? Yes No
Street Address (number and street)				
City		State	Zip Code	Are you eligible to work in the United States? Yes No
Home Phone Number	Alternate Phone Number	Email Address (optional)		

Work Eligibility Information

Interest Information

Pay Desired	Employee Status Preferred (check all that apply)		
	Full-time	Part-time	
Work Schedule Preferred (check all that apply)			
Days	24 hours	All	
Position Desired (what position(s) are you applying for?)			

Background Information

Have you ever been convicted of a crime (any felony, misdemeanor, DUI, etc.)?	
Yes	No
Are you currently charged with a crime (any felony, misdemeanor, DUI, etc.)? YES NO	
If yes, please explain: _____	
Note: Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.	

Do you have Critical Care Experience? **Yes No**

If so, Explain: _____

Attach Certifications _____ Yrs as Medic/RN _____

License/Registration/Certification Information			
Type	State Issued	Exp. Date	Number

Has your license, registration, or certification ever been suspended, or have you ever been placed on probationary status regarding the same?	
Yes	No
If yes please explain _____	

Education Information

Please circle the last year of formal education you have completed.																				
1	2	3	4	5	6	7	8	9	10	11	12	GED	1	2	3	4	1	2	3	4
Grade/Trade School or High School												Tech/Bus. or College				Graduate School				
High School						City						State		Major		Diploma				
College						City						State		Major		Degree				
Other						City						State		Major		Degree				

Skills Information

Indicate which computer skills/software you can demonstrate a working knowledge of: (check all that apply)	
Excel _____	Medical Terminology _____
Power Point _____	System Data Entry _____
Transcription _____ (speed:)	

Have you been employed at a facility with which Life Ambulance Service, Inc./Life Air, Inc. has a contract. YES NO	
If so, which facility _____	

Have you ever applied or been employed at Life Ambulance Services, Inc./Life Air, Inc. Yes/No		
Date(s) Applied or Employed	Name at Separation	Reason for Leaving

Have you ever been barred from participating in a program that receives federal funds? YES NO	
Are you currently debarred from the participation? YES NO	

Employment History

Please list below your current, and all previous employment, within the last five (5) years, starting with your current employment first. Use an additional Employment History Sheet if necessary. List every employment, whether or not it seems relevant to the positions you are applying for. Thank You.

Dates From	Dates To	Employer's Name / Address / Telephone		Last Salary and Position Held	Reason for Leaving	
Month / Yr.	Month / Yr.	Employer		Salary	May we contact? Yes No	
		Street Address		Position		
		City, State, Zip	Phone	Supervisor		
Month / Yr.	Month / Yr.	Employer		Salary	May we contact? Yes No	
		Street Address		Position		
		City, State, Zip	Phone	Supervisor		
Month / Yr.	Month / Yr.	Employer		Salary	May we contact? Yes No	
		Street Address		Position		
		City, State, Zip	Phone	Supervisor		
Month / Yr.	Month / Yr.	Employer		Salary	May we contact? Yes No	
		Street Address		Position		
		City, State, Zip	Phone	Supervisor		
Month / Yr.	Month / Yr.	Employer		Salary	May we contact? Yes No	
		Street Address		Position		
		City, State, Zip	Phone	Supervisor		
Month / Yr.	Month / Yr.	Employer		Salary	May we contact? Yes No	
		Street Address		Position		
		City, State, Zip	Phone	Supervisor		

Please explain any gaps in employment _____

Do you have any relatives that work at Life Ambulance Services, Inc./Life Air, Inc? Y/N			Emergency Contact Information	
Name	Department	Relation	Name	Phone #
Name	Department	Relation	Relationship	

Reference Information: List three (3) references who know your qualifications (e.g. previous supervisors, professors, etc. NOT relatives or clergy)

Complete Name	Nature of Relationship	Years known	Complete Mailing Address	Home & Work Telephone

Applicant Certification: In signing this application, I state that I am genuinely interested in employment at Life Air, Inc. It is understood that the policies of Life Air, Inc. in no way create an expressed or implied contract of employment. It is also understood and agreed upon that any misrepresentation by me in this application will be sufficient cause of cancellation of the application and/or separation from Life Air, Inc. If employed, I understand that continued employment is predicated upon the successful completion of a post-offer pre-employment physical examination paid by Life Air, Inc. I voluntarily give Life Air, Inc. permission to make a thorough investigation of my past/current employment(s), criminal record, and all other facts stated above, and release from liability or responsibility of all persons, places of business, and municipalities supplying such information. I also voluntarily give Life Air, Inc. permission to perform drug screens, and any other tests that relate to my employment. I further understand that all pay rates, although discussed, are established at the corporate office.

Date

Signature