



APPLICATION FOR EMPLOYMENT

PLEASE FILL THIS APPLICATION OUT COMPLETELY EVEN IF YOU ARE SUPPLYING A RESUME. INCOMPLETE AND/OR ILLEGIBLE APPLICATIONS MAY NOT BE CONSIDERED FOR EMPLOYMENT.

DATE _____

NAME (LAST, FIRST, MI) _____		SOCIAL SECURITY NO. _____	
ADDRESS _____	CITY _____	ST _____	ZIP _____
TELEPHONE: HOME _____	WORK _____	ALTERNATE _____	

POSITION(S) APPLYING FOR:

CAN WORK:

1. _____

1ST SHIFT 2ND SHIFT 3RD SHIFT

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO DATE AVAILABLE _____

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KNOWLEDGE, SKILLS, & ABILITIES (MARK ALL THAT YOU POSSESS)

COMPUTER: <input type="checkbox"/> PC <input type="checkbox"/> APPLE <input type="checkbox"/> MICROSOFT OFFICE <input type="checkbox"/> MICROSOFT EXCEL <input type="checkbox"/> MICROSOFT WORD
<input type="checkbox"/> OTHER _____
TYPING (WPM) _____ DATA ENTRY/TEN KEY (KSPM) _____
<input type="checkbox"/> PROFESSIONAL LICENSES/MEMBERSHIPS _____
<input type="checkbox"/> OTHER (BE SPECIFIC) _____

EDUCATION

HIGH SCHOOL ATTENDED _____	CITY, STATE _____
DID YOU GRADUATE OR HAVE YOU RECEIVED A GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SCHOOL	NAME, CITY	COURSE OF STUDY	DATES ATTENDED	GRAD?	DIPLOMA/ DEGREE
TRADE OR TECHNICAL SCHOOL					
COLLEGE OR UNIVERSITY					
OTHER					

WORK HISTORY

PRESENT OR MOST RECENT EMPLOYER

DATES: FROM _____ TO _____ POSITION HELD _____

CO. NAME _____ ADDRESS _____

CITY, STATE, ZIP _____ SALARY OR WAGE \$ _____ PER _____

SUPERVISOR _____ PHONE NO. & EXT. _____

JOB DUTIES _____

SPECIFIC REASON FOR LEAVING _____

YOUR LAST NAME WHILE THERE _____ MAY WE CONTACT FOR REFERENCE? YES NO

PREVIOUS EMPLOYER

DATES: FROM _____ TO _____ POSITION HELD _____

CO. NAME _____ ADDRESS _____

CITY, STATE, ZIP _____ SALARY OR WAGE \$ _____ PER _____

SUPERVISOR _____ PHONE NO. & EXT. _____

JOB DUTIES _____

SPECIFIC REASON FOR LEAVING _____

YOUR LAST NAME WHILE THERE _____ MAY WE CONTACT FOR REFERENCE? YES NO

PREVIOUS EMPLOYER

DATES: FROM _____ TO _____ POSITION HELD _____

CO. NAME _____ ADDRESS _____

CITY, STATE, ZIP _____ SALARY OR WAGE \$ _____ PER _____

SUPERVISOR _____ PHONE NO. & EXT. _____

JOB DUTIES _____

SPECIFIC REASON FOR LEAVING _____

YOUR LAST NAME WHILE THERE _____ MAY WE CONTACT FOR REFERENCE? YES NO

Moundridge EMS is an Equal Opportunity Employer. We encourage qualified minority, female, veteran and disabled candidates to apply and be considered for open positions. There will be no discrimination based on race, color, sex (including pregnancy), religion, national origin, age (40 and over), disability, or genetic information (which includes family medical history).

Have you ever been discharged or asked to resign from a job? __Yes __No

If yes, explain: _____

I hereby give permission to contact the employers listed above (except otherwise noted) concerning my prior work experience. I understand that an offer of employment may not occur unless verified references can be performed on my work history.

I also understand that if offered employment, I could be required to submit to a drug screen, physical examination and/or background check after the offer is made.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that employment at Moundridge EMS is "at-will" and can be terminated by either party with or without notice at any time and for any or no reason. No one other than an officer 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 and then only in writing signed by an officer.

APPLICANT SIGNATURE _____ DATE _____

**Submit application to:
Moundridge EMS, 225 N Wedel, Moundridge, KS 67107
or Bfalco@moundridge.com**

FOR INTERNAL USE ONLY

START DATE _____

POSITION _____

STARTING PAY _____ PER _____

PHYSICAL EXAM APPOINTMENT _____