



115 Watts Street
Jonesboro, LA 71251
318-259-2877 fax 318-259-2099
jacksonparishambulance@gmail.com

Employment Application

Name: (Last, First Middle): _____

Address: _____

(Street, City, State, Zip)

Home Phone: _____ Cell: _____ Work: _____

EMPLOYMENT DESIRED

Position: _____ Part Time ____ Full Time ____ Start Date: _____

Are you currently employed? ____ May we contact your present employer? _____

Current Employer: _____ Phone: _____

EDUCATION HISTORY

High School/GED: YES ____ NO ____

Trade/Business: _____

College degree: _____

GENERAL INFORMATION

Work or Special training/skills: _____

Military Service (include rank): _____

FORMER EMPLOYERS

Employer: _____ Address or Phone: _____

Position: _____ Supervisor: _____

Reason for leaving: _____

Employer: _____ Address or Phone: _____

Position: _____ Supervisor: _____

Reason for leaving: _____



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REFERENCES

Please give the names of 3 people not related to you, whom you have known for at least 1 year

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

AUTHORIZATION

I certify that the facts 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. 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.

I also understand and agree that no representative of the company has any authority to enter into 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.

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.

Date: _____ Applicant's Signature: _____

*******DO*****NOT*****WRITE*****BELOW*****THIS*****LINE*******

REMARKS: _____

HR/Payroll Information:

Title: Paramedic EMT-Advanced EMT EMR Other: _____

Status: Full Time Part-Time



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Base Rate: \$_____/Hr

ATO Rate: _____ Sick Rate: _____

Other Benefits: _____