



"Our greatest asset is our willingness to serve"

PERSONAL INFORMATION							
Date		Last Name		First Name		Social Security #	
Street Address			City		State	Zip	
Home Phone		Mobile Phone		Work Phone		May we contact you at work?	
Position Applying For		Date Available		Are you interested in: Full-Time Part-Time Temporary Summer			
If under 18 years of age, please provide your date of birth:					Are you willing to travel?		
Days and Hours Available							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
How were you referred to Fuchs EMS?							

EDUCATION					
Type of School	Name and Location of School		Degree/Area of Study	Years Attended	Graduated
High School	Name:				
	Address:				
	City:	State: Zip:			
College	Name:				
	Address:				
	City:	State: Zip:			
Graduate	Name:				
	Address:				
	City:	State: Zip:			
Other	Name:				
	Address:				
	City:	State: Zip:			

U. S. MILITARY SERVICE		
Branch of Service	Technical Specialization	Rank Attained

LEGAL	
Are you a U. S. Citizen or do you have a legal right and necessary documents to work in the U. S.?	
Were you ever discharged by any company? If yes, give name of company(ies):	
Reason for discharge:	
Have you ever been convicted of a crime other than a minor traffic accident? Note: You are not obligated to discuss sealed or expunged records of conviction or arrest nor will such information asked of you be considered in employment decisions. The existence of a criminal record will not automatically disqualify you from the job you are applying for. If yes, please explain offense and final disposition:	

EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your job activities. May we contact your present employer? May we contact your past employers? Please indicate if you were employed under a different name.

Dates	Name and Address of Employer	Position Supervisor	Major Duties	Salary	Reason Leaving
From:	Employer:	Job Title		Starting	
	Address:				
To:	City: State: Zip:	Supervisor		Final	
	Phone Number:				
From:	Employer:	Job Title		Starting	
	Address:				
To:	City: State: Zip:	Supervisor		Final	
	Phone Number:				
From:	Employer:	Job Title		Starting	
	Address:				
To:	City: State: Zip:	Supervisor		Final	
	Phone Number:				
From:	Employer:	Job Title		Starting	
	Address:				
To:	City: State: Zip:	Supervisor		Final	
	Phone Number:				

Please place a checkmark next to the name of each employer above who we can contact for a reference.

Have you previously worked for Fuchs EMS or any of its subsidiaries?

Name:	Location:
City: State:	Position Held:
Supervisor:	Employed From: To:
Reason for Leaving:	

CERTIFICATIONS/LICENSES

Certifications/Licenses: Please provide details about the various certifications or licenses you hold.

Institution	Address	Phone	Title	Year Obtained

PLEASE READ CAREFULLY

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previously employment, general reputation, educational background, credit record and/or criminal history, subject to applicable federal, state and/or local laws. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Fuchs EMS.

I understand and agree that, if employed, the employment will be "at will." That is, either I or Fuchs EMS may end the employment relationship for any reason. I understand that receipt of this application by Fuchs EMS does not imply employment and that this application and/or any other Fuchs EMS documents are not contracts of employment.

Applicant Signature: _____ **Date:** _____