

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

On what date would you be available for work? _____

Have you ever been convicted of a Felony? Yes No

Have you ever had your license, permit, or privileges to operate a motor vehicle denied, suspended, or revoked? Yes No

If yes, Give details and dates:

Have you had any traffic convictions within the last 5 years? (Other than parking) Yes No

If yes, please explain: _____

Have you had any vehicle accidents within the last 5 years? (including at-fault and Not at-fault) Yes No

EDUCATION

School Name/Location

<i>High School Level Completed</i>	<i>College</i>	<i>Other</i>
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Diploma/Degree

Course of Study

PREVIOUS WORK HISTORY: *Start with your current or last employer*

<i>Employer</i>	<i>Dates Employed</i>
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Telephone Numbers: *Address:*

Job Title: *Supervisor(s):*

Reason for Leaving:

Work Performed:

Employer: *Dates Employed*

Telephone Numbers: *Address:*

Job Title: *Supervisor(s):*

Reason for Leaving:

Work Performed:

Employer: *Dates Employed*

Telephone Numbers: Address

Job Title: *Supervisor(s):*

Reason for Leaving:

Work Performed:

References:

1. _____ (_____) _____
(Name) (Phone Number)

(Address)

2. _____ (_____) _____
(Name) (Phone Number)

(Address)

3. _____ (_____) _____
(Name) (Phone Number)

(Address)

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**** Hollidaysburg American Legion Ambulance Service Inc. considers all applicants for all positions, in accordance with Title VII of the Civil Rights Act of 1964, as amended, and the American With Disabilities Act of 1990, and the Age Discrimination in Employment Act of 1967, as amended, which prohibits discrimination in the recruitment, selection, and hiring of employees. HALAS is an equal opportunity employer.***

CERTIFICATIONS/ LICENSES: _____

will be considered VOID if only application is submitted to management, UNLESS a prior arrangement was made.

I certify that the answers given are true and complete to the best of my knowledge. I hereby release the management and/or designee of HALAS Inc. from any and all liability regarding inquiries made in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview may result in my immediate discharge from employment. I also understand that I am required to abide by all rules, regulations, and Standard Operating Procedures of HALAS Inc.

Signature: _____

Date: _____