

emergency vehicle specialists, inc.

2018

Dear Applicant,

I would personally like to thank you for your interest in becoming part of the Emergency Vehicle Specialists, Inc. team. We value our employees and know that they are an integral part of our success.

Please fill out the attached application and provide us with as much information as possible so that we can evaluate your application to the fullest. Please be aware that we use resources such as your application, references, previous employer reviews, facebook accounts and twitter accounts in our evaluation process.

**Background checks, investigations and drug testing will not be done unless a formal offer of employment is made.*

Donna Haynes
CEO
Emergency Vehicle Specialists, Inc.

emergency vehicle specialists, inc.

APPLICATION FOR EMPLOYMENT

Fax: 831-634-1602 Email: donna@evswest.com

| | | | |
|--|---|---|--------------------------------------|
| Last Name | First Name | Middle Initial | Social Security Number: |
| Street Address | City/State | Zip Code | Phone Number: |
| Email Address | | | Can we leave a message on voicemail? |
| Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization. | | | |
| Full or Part Time? | Position Desired: | | |
| Date you can begin work? | Are you 18 years of age or older? | If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law. | |
| Are you presently enrolled in school? | If yes, give name & address of school and expected degree date: | | |
| List any job-related skills or accomplishments, including military service: | | | |
| Total hours per week you are available to work: | Do you have any special requests or needs for a work schedule? | | |
| - Provide Three References Who Are Not Former Employers Who We May Contact - | | | |
| Name and Occupation | How do you know them, and for how long? | Phone Number | |
| | | | |
| | | | |
| | | | |

Your Employment History

List names of employers with present or last employer listed first.

| May we contact current employers before you are offered a position? | |
|--|---|
| Name of Employer: | Dates of Employment: From: _____ To: _____ |
| Address: | Job Description: |
| City, State, Zip Code | |
| Supervisor: | Reason for Leaving: |
| Telephone: | |
| | |
| Name of Employer: | Dates of Employment: From: _____ To: _____ |
| Address: | Job Description: |
| City, State, Zip Code | |
| Supervisor: | Reason for Leaving: |
| Telephone: | |
| | |
| Name of Employer: | Dates of Employment: From: _____ To: _____ |
| Address: | Job Description: |
| City, State, Zip Code | |
| Supervisor: | Reason for Leaving: |
| Telephone: | |
| | |
| <p style="text-align: center;">CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM</p> <p>I certify that all information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand false or incomplete information can disqualify me from further consideration for employment and can result in immediate discharge if discovered at a later date. I authorize the investigation of any or all statements contained in this application and authorize any person, school, current or past employer, social media account, and any other organization to provide information concerning relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I have read, understand, and agree to the above statements.</p> | |
| Signature: | Date: |