

Instructions: Fill out this form, and save it to your PC using your name as filename. Send it via email attachment OR print and fax.

# GRACE AMBULANCE TRANSPORT, LLC.

6750 West Loop South, Suite #950

Bellaire, TX 77401

BUS (713) 664-4721 FAX (713) 838-0887 CELL (713) 825-7017

## APPLICATION FOR EMPLOYMENT

Grace Ambulance Transport, LLC. considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied for  Date of Application

How Did You Learn About Grace Ambulance Transport, LLC.?

Advertisement  Relative:   Friend:   
 Inquiry  Employment Agency:   Other:

Last Name  First Name  Middle Name   
Address  Number  Street  City  State  Zip Code   
Telephone Number(s) Home  Cell  Social Security Number

The best time to contact you at home is:   AM  PM  
If you are under 18 years of age, can you provide required proof of you eligibility to work? .....  Yes  No  
Have you ever filled out an application with Grace Ambulance Transport, LLC. before? .....  Yes  No  
If Yes, give date(s):   
Have you ever been employed with Grace Ambulance Transport, LLC. before? .....  Yes  No  
If Yes, give date(s):   
Do any of your friends or relatives, other than your spouse, work for Grace Ambulance Transport LLC.?  Yes  No  
Are you currently employed? .....  Yes  No  
May we contact your present employer? .....  Yes  No  
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? *Proof of citizenship or immigration status will be required upon employment* .....  Yes  No  
Date you are available for work:  What is your desired salary range:   
Are you available to work:  Full-Time  Part-Time  Temporary  
Please indicate temporary dates available:   
Do you have any limitations on availability for days or hours worked? .....  Yes  No  
If Yes, please list explain:   
Are you currently on "lay-off" status and subject to recall? .....  Yes  No  
Can you travel if the job requires it? .....  Yes  No  
Have you been convicted of a felony within the last five years? .....  Yes  No  
*A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.*

GRACE AMBULANCE TRANSPORT, LLC. IS AN EQUAL OPPORTUNITY EMPLOYER

## EDUCATION

	Name & Address	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Please exclude any organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<p>Employer <input style="width: 95%;" type="text"/></p> <p>Address <input style="width: 95%;" type="text"/></p> <p>Telephone Number(s) <input style="width: 95%;" type="text"/></p> <p>Job Title <input style="width: 45%;" type="text"/> Supervisor <input style="width: 45%;" type="text"/></p> <p>Reason for Leaving <input style="width: 95%;" type="text"/></p>	<p style="text-align: center;">Work Performed/Job Duties</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p style="text-align: center;">Dates Employed</p> <p>From: <input style="width: 95%;" type="text"/></p> <p>To: <input style="width: 95%;" type="text"/></p> <p>Hourly Rate/Salary Starting: <input style="width: 95%;" type="text"/></p> <p>Final: <input style="width: 95%;" type="text"/></p>
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If you need additional space, please continue on a separate sheet of paper

## ADDITIONAL INFORMATION

### List professional, trade, business or civic activities and offices held.

Please exclude any membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

## OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences.

## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	<input type="text"/>	<input type="text"/>
WPM <input type="text"/>	WPM <input type="text"/>	<input type="text"/>	<input type="text"/>

State any additional information you feel may be helpful to us in considering your application.

**Note to applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No

## REFERENCES

Name	<input type="text"/>	Phone#	<input type="text"/>
Address	<input type="text"/>		
Name	<input type="text"/>	Phone#	<input type="text"/>
Address	<input type="text"/>		
Name	<input type="text"/>	Phone#	<input type="text"/>
Address	<input type="text"/>		

**RELEASE AND WAIVER**



**RELEASE AND WAIVER**

TO WHOM IT MAY CONCERN:

I hereby authorize any authorized representative of Grace Ambulance Transport, LLC. bearing this release, or a copy of it to obtain any information pertaining to my employment, including but not limited to, documents concerning education, academic achievement, attendance, personal history, work performance, background investigations, and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby direct you to release this information upon request of the bearer. I further authorize Grace Ambulance Transport, LLC. to make xerographic copies of these records. This release is executed with the full knowledge and understanding that the information is for the official use of Grace Ambulance Transport, LLC.

Consent is granted for Grace Ambulance Transport, LLC. to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided and background report prepared by Grace Ambulance Transport, LLC.

I hereby release you, as my employer, former employer, prospective employer, or representative thereof and any school, college, university, or other educational institution, including any of their officers, employees, or related personnel, both individually and collectively, from any liability for damage of what ever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it.

If further information regarding this request is needed, please call our office at the phone number listed below.

Print Name

Social Security Number

Signature \_\_\_\_\_

Date \_\_\_\_\_

Home Phone Number

Cell Phone Number

**Grace Ambulance Transport, LLC.  
6750 West Loop South, Suite #950  
Bellaire, TX 77401  
(713) 664-4721**

# APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and Grace Ambulance Transport, LLC. may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of Grace Ambulance Transport, LLC. specifically acknowledges such a change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in immediate termination without warning. I also understand, that I am required to abide by all rules and regulations of Grace Ambulance Transport, LLC.

I further understand that Grace Ambulance Transport, LLC. is a "**DRUG FREE**" workplace, and all qualified applicants will be required to submit to and pass a pre-employment drug screen.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR HUMAN RESOURCES DEPARTMENT USE ONLY

**Position(s) Applied for is Open:**  Yes  No

**Position(s) Considered For:**

Date

**Arranged Interview:**  Yes  No

Interview Date

**Remarks:**

**Employed:**  Yes  No

**Date of Employment**

**Status:**  Full-Time  Part-Time

**Job Title**

**Hourly Rate/Salary**

**Department**

**By Name**

**Title**

**Date**