



**"HONORING THOSE WHO SERVED OUR COUNTRY"**

5816 East Dr. Suite A

Laredo, Texas 78041

Office (956) 712-3667 Fax (956) 753-6013

# APPLICATION FOR EMPLOYMENT

BronzeStar Ambulance Service, LLC., is an equal opportunity employer.

## PERSONAL INFORMATION

Name (Last, First, Middle):

Date:

Social Security Number:

DOB:

Home Address:

City:

State:

Zip:

Home Phone:

Business Phone:

Can you prove your U.S. Citizenship? Circle one:

Yes

No

If not a U.S. Citizen, give Visa No. and Expiration Date:

Have you ever been convicted of a felony criminal offense:

Position You Are Applying For

Title:

Salary Requirement:

Referred by:

Date You Can Start:

## EDUCATION RECORD

High School (Name, City, State):

Graduation Date:

Business or Technical School (Name, City, State):

Dates Attended:

Degree Earned:

Undergraduate College (Name, City, State):

Dates Attended:

Degree, Major:

Graduate School (Name, City, State):

Dates Attended:

Degree, Subject:

Professional Licenses/ Certifications

State

License Number

Date Expires

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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**WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)**

1-Employer \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Title/Duties: \_\_\_\_\_  
Manager's Name and Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

2-Employer \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Title/Duties: \_\_\_\_\_  
Manager's Name and Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

3-Employer \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Title/Duties: \_\_\_\_\_  
Manager's Name and Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_



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**BUSINESS REFERENCES (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)**

1-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

2-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

3-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

I certify that the information I have provided in this employment application is accurate and has been completed to the best of my knowledge and ability. I understand that any falsification, misrepresentation or omission in my interviews or any other employment record, will be sufficient reason to deny employment and/or may be reason for future dismissal.

Print Name:

Signature:

Date:



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## Employee Contact Information

**Employee Name:** \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_