

# APPLICATION FOR CONTRACT EMPLOYMENT

*We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin.*

APPLICANT INFORMATION											
Last Name		First		M.I.		Date					
Street Address						Apartment/Unit #					
City				State			ZIP				
Phone (s)				E-mail Address							
Date Available			Last four digits of SSN	XXX - XX-		Desired Salary	\$				
Position Applied for	<b>ADMINISTRATIVE LIASON</b>										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for TennCare?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Are you employed now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we contact your employer?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Type of Employment	Full-time <input type="checkbox"/>		Part-time <input type="checkbox"/>		Summer <input type="checkbox"/>		Contract <input checked="" type="checkbox"/>				
EDUCATION AND OFFICE SKILLS											
High School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
College or Trade School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
*Years in EMS Profession		*Years of EMS Leadership		*Specific EMS Experience			*Billing <input type="checkbox"/>	*Payer Contracts <input type="checkbox"/>	*EMS Regional/Statewide Relationships <input type="checkbox"/>		
<b>*Attach detailed overview of EMS Experience as noted above</b>											
EMPLOYMENT HISTORY (LIST PRESENT OR MOST RECENT POSITIONS FIRST)											
Company						Phone					
Address						Name and Position of Supervisor					
Job Title				Starting Salary	\$		Ending Salary	\$			
Responsibilities											
From		To		Reason for Leaving							
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>						

**EMPLOYMENT HISTORY (CONTINUED)**

<b>Company</b>					Phone		
Address					Name and Position of Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<b>Company</b>					Phone		
Address					Name and Position of Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<b>Company</b>					Phone		
Address					Name and Position of Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

**MILITARY SERVICE**

Branch					From		To	
Rank at Discharge					Type of Discharge			
If other than honorable, explain								

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

***Please print, sign and email this application along with your resume and specific experience to [secretary@tennesseeambulance.com](mailto:secretary@tennesseeambulance.com)***

Signature

Date