



Application for Employment

519 E. Lee Street, Enterprise, AL 36330

Completed forms may be sent to llee@enterpriserescue.com.

Date: _____

Position Applying For: Choose a position.

Location Applying For: Choose a location

Applicant Information

- Full Name: _____
- Date of Birth: _____ Age: _____
- Social Security Number: _____
- Driver's License #: _____ State: _____ Expiration: _____
- Email Address: _____
- Primary Phone: _____ Alternate Phone: _____
- Street Address: _____
- City: _____ State: _____ ZIP: _____

Emergency Contact

- Name: _____
- Relationship: _____
- Phone: _____
- Address: _____



Licensure & Certifications (if applicable)

- **License Level:** ☐ EMT ☐ AEMT ☐ Paramedic ☐ Critical Care ☐ Flight Nurse ☐ Flight Paramedic
- **State License #:** _____
- **License Expiration Date:** _____
- **Relevant Certifications (Check all that apply):**
☐ BLS ☐ ACLS ☐ PALS ☐ BTLS ☐ ITLS ☐ AMLS ☐ EVOC (required for all drivers)
☐ NIMS 100 ☐ NIMS 700 ☐ Other: _____
- **Is your driving record clean?** ☐ Yes ☐ No (If no, explain): _____
- **Additional Relevant Training/Experience:** _____

Office & Mechanic Applicants

Please list any **qualifications or skills** relevant to the position. Ex ASE Certifications or relevant medical billing/coding courses:

Education

Institution	City & State	Dates Attended	Degree/Certificate
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High School

College/University

Trade/Other



Availability for Non-Office Positions

☐ Full-Time (Including holidays and weekends) ☐ Part-Time (Including holidays and weekends)

Availability for Office & Mechanic Positions

☐ Full-Time ☐ Part-Time

Employment History

Current or Most Recent Employer

- Company: _____
- Supervisor: _____
- Position Held: _____
- Dates Employed: _____
- City/State: _____ Phone: _____
- Reason for leaving: _____

Previous Employer #1

- Company: _____
- Supervisor: _____
- Position Held: _____
- Dates Employed: _____
- City/State: _____ Phone: _____
- Reason for leaving: _____



Previous Employer #2

- Company: _____
 - Supervisor: _____
 - Position Held: _____
 - Dates Employed: _____
 - City/State: _____ Phone: _____
 - Reason for leaving: _____
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Professional References

Please list **three professional references** (not related to you):

Reference 1

- Name: _____
- Phone & Email: _____
- Relationship: _____

Reference 2

- Name: _____
- Phone & Email: _____
- Relationship: _____

Reference 3

- Name: _____
- Phone & Email: _____
- Relationship: _____



Additional Information

- **Why are you applying for this position?**

- **How did you hear about Enterprise Rescue, Inc.?**

- **Why do you want to work here?**

- **Do you know any current employees?** ☐ Yes ☐ No

If yes, list names: _____



Legal & Background Information

- Have you ever applied to or worked for ERI before? ☐ Yes ☐ No If yes, when? _____
 - Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, explain: _____
 - Are you legally authorized to work in the United States? ☐ Yes ☐ No
 - Do you have any physical limitations requiring accommodations? ☐ Yes ☐ No
If yes, please explain: _____
 - Do you have reliable transportation? ☐ Yes ☐ No
 - Have you served in the U.S. Military? ☐ Yes ☐ No
If yes: **Branch:** _____ **Dates:** _____ **Rank:** _____
 - Are you currently in the National Guard or Reserves? ☐ Yes ☐ No
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Applicant Agreement

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission may disqualify me from further consideration and may be grounds for dismissal if discovered at a later date.

I authorize Enterprise Rescue, Inc. to contact my former employers, references, and any other individuals or organizations for information bearing on my qualifications for employment. I release all parties from any liability for any damage that may result from furnishing such information.

I understand there is a process for reviewing applications and I acknowledge that I will only be contacted if I am of the most qualified for the positions Enterprise Rescue is hiring for.

Signature: _____ **Date:** _____