

APPLICATION FOR EMPLOYMENT AT

Personal Care Ambulance

941 Straight Street
Charleston, SC 29407
(843) 763-1222

Please fill out this application using Adobe Reader, or print and fill out in pen and submit your completed application via email or in person.

Fax To: (843) 559-0750

An Equal Opportunity Employer. Reasonable accommodation will be provided as required by law.

Last Name	First Name	Middle Initial	Social Security Number
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Date of Birth	SCDL #	SCDL Expiration Date
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Street Address	City/State	Zip Code	Phone Number	Email
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If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.
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Position Desired:	Wage/Salary Desired:	Full Time?	Part Time?
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Date you can begin work?	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	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.
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Name of high school attended:	City/State	Graduate?	GED?
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Name of college or technical school:	City/State	Degree?	Major:
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Are you presently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name & address of school and expected degree date:
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List any job-related skills or accomplishments, including military service:

- YOUR AVAILABILITY FOR WORK -

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Total hours per week you are available to work:	Do you have any special requests or needs for a work schedule?
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- REFERENCES -

- 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Employer:	Job Title:	Dates of Employment: From: To:	
Address:	City, State, Zip Code	Duties:	
Supervisor:	Telephone:	Reason for Leaving:	Starting pay: Ending pay:

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