



# Application for Employment

## I General Information

### A. Employment

Lifeguard Operation location you are applying for:  Birmingham, Alabama  Pensacola, Florida

Position applying for: \_\_\_\_\_

Available for:  Full-Time  Part-Time  Other \_\_\_\_\_

Have you ever been employed with us before:  Yes  No If yes, what location and job title: \_\_\_\_\_

Are you currently employed?  Yes  No If so, may we contact your employer?  Yes  No

Will you continue any other business employment or activity if you are offered and accept a position with Lifeguard?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you a US Veteran?  Yes  No Branch: \_\_\_\_\_

Are you a US citizen, or eligible to work in the US?  Yes  No Do you have a passport?  Yes  No

Have you been convicted of any felonies (or released from prison because of such conviction) within the last 10 years, or convicted of any misdemeanors within the last 5 years?  Yes  No

If you answered yes, give full particulars and final disposition of each case. Attach pages if extra space is needed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### B. Personal

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other names known by (e.g. maiden name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Has your License ever been revoked?  Yes  No If so, explain: \_\_\_\_\_

Present Residence: \_\_\_\_\_

Number/Street, Apt. #

\_\_\_\_\_ Number of years at this residence: \_\_\_\_\_

City State Zip

## II Education

Please complete the boxes below listing information for each educational institution you have attended, beginning with the most recent and going back to high school. Include all graduate and professional schools in which you have been enrolled.

| Name of School | City & State | Major and Degree Earned | Graduated   |
|----------------|--------------|-------------------------|---|
|                |              |                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                |              |                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                |              |                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

What other education do you have (e.g. certifications, professional training programs, seminars, etc.)? \_\_\_\_\_

What languages other than English do you speak (including sign)? \_\_\_\_\_

## III Business Experience

Please complete the boxes below, giving a minimum of the past 5 years of all employment experience starting with your most recent employer. Include full- and part-time employment, self-employment, military service, unemployment, and unpaid volunteer work experience. Provide an explanation for any periods of unemployment. Attach additional sheets if necessary.

|                              |  |
|------------------------------|--|
| Position Held:               | Employer Name:   |
| Ending Pay Rate:             | Address:<br>City, State:   |
| From (Mo/Yr):<br>To (Mo/Yr): | Reason for Leaving:  |
| Telephone #:                 | Did you give a 2 week notice? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Would that company re-hire you? <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                              |  |
|------------------------------|--|
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|                              |  |
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**IV Social and Professional Activities**

List below the professional, trade, or service organizations, excluding organizations that name or charter of which indicated the race, color, creed, national origin, age, sex, sexual orientation, marital status, disability or Vietnam era veteran's status of its membership, to which you now belong or have belongs in the past 5 years. Also list any elective positions you have held in these organizations.

| Organization and Position(s) | Year Started | Still Active?  | Attend Meetings?   |
|------------------------------|--------------|--|--|
|                              |              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                              |              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                              |              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

What hobbies, special interests or abilities do you have? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V Other information**

How did you hear about the position with Lifeguard (Internet, Newspaper, Lifeguard employee, etc.)? \_\_\_\_\_

Why are you considering a career with Lifeguard Transportation, Inc.? \_\_\_\_\_  
 \_\_\_\_\_

Provide the name of three references (non-family members) who you have know for at least one year in the space below.

| Name | Address | Telephone |
|------|---------|-----------|
|      |         |           |
|      |         |           |
|      |         |           |

**VI Emergency**

List the person to be contacted in case of an emergency.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

It is the policy of Lifeguard Transportation, Inc. to recruit and select applicants for employment solely on the basis of their qualifications without regard to race, color, religion, sex, age, national origin, disability, special disabled veteran or Vietnam era status, marital status or sexual orientation. The Company takes affirmative action to ensure that all of our personnel practices are administered to ensure equal opportunity for qualified women, minorities, persons with disabilities, special disabled veterans and Vietnam era veterans. As part of our commitment, the Company will make reasonable accommodations to enable a qualified applicant with a disability to perform the essential functions of the position sought. Any applicant with a disability who required a reasonable accommodation may bring this to the attention of the interviewer.

Lifeguard makes no representation that employment with the Company represents lifetime security or a guarantee of continued employment. An individual's employment may be terminated whenever the Company in its judgment deems that to be in its best interest. Employment may be terminated by the Company because of unsatisfactory job performance, unsatisfactory attendance, for violation of Company rules and policies, or because an individual's services become excess to the Company's staffing needs.

I hereby certify that the information contained in this application to be true and correct to the best of my knowledge and agree to have any of the statements checked by this company unless I have indicated to the contrary. I authorized the references listed as well as all other individuals whom the company contacts, to provide the company with any and all information concerning my Oprevious employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any and all damages that may result from furnishing such information to the company or any of it's agents, employees, or representatives. I understand that a misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if hired, my immediate dismissal from employment. In consideration of my employment, I agree to conform to the rules and standards of the company, as amended by the company at its discretion. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at anytime, either at my option or at the option of the company. I understand that no employee or representative of the company, other than it's President, had the authority to enter into any agreement contrary to the forgoing. Further, the President of the company may not alter the at will nature of the employment relationship unless he does so specifically and in writing that he signs.

I understand that while in the employ of this company, I am not permitted to be employed by, contracted of sub-contracted to any additional medical transport company or private medical transport company licensed in the State of Florida, Alabama, Louisiana, Texas, Tennessee, or Georgia unless the President of the company, in writing, authorizes such employment and affixed to this application. I understand this agreement to be binding until such time as termination of this employment contract occurs. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

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Signature of Applicant

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Date

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Signature of Witness

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Date