



## Survival Flight Air Ambulance Employee Application

Application along with a current resume' can be emailed back to [dgregory@survivalflightinc.com](mailto:dgregory@survivalflightinc.com); or copied and faxed to: 870-569-8097 or you can mail it to: 705 Heber Springs Road, Batesville, AR 72501. For questions or more information call: 870-793-5956

Today's Date: \_\_\_\_\_ SS# \_\_\_\_\_

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

Emergency Name \_\_\_\_\_ Relation \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? Yes No (If so, verification required)

Are you still attending high school?

Do you have the required working papers? (Needed on or before the first day of work)

Did we ever employ you? If so, when did you last work for us?

How did you hear about the position you are applying for? \_\_\_\_\_

TYPE OF WORK DESIRED: Full Time: Part Time: Both: Weekends?

Why do you feel you qualify for this/these jobs?

Days Available M T W Th F Sat Sun

Hours Available: \_\_\_\_\_

If there is a day or time when you are definitely unavailable, please indicate here: \_\_\_\_\_

Have you ever been convicted of a crime? If so, describe in full: \_\_\_\_\_

### EDUCATION

SPECIAL SKILLS AND QUALIFICATIONS: List job-related licenses, skills, training, honors, awards,

Special accomplishments & acquired skills: \_\_\_\_\_

School	Name, City & State	Years Completed	Did you Graduate?	Degree & Field
Elementary				
High School				
College				
Other				

MILITARY SERVICE:

Were you in the U.S. Armed Forces? Yes No

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?

Yes No If yes, explain:

EMPLOYMENT HISTORY:

Employer & Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer & Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer & Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ from: \_\_\_\_\_ To: \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

I HEREBY GIVE PERMISSION TO CONTACT THE EMPLOYERS LISTED ABOVE CONCERNING MY Prior Work Experience. Yes:            No:

If you do not want us to contact your present employer, please indicate here:

Please Read:

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I also understand that this application is not intended to be a contract of employment. Furthermore, this application does not obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative agencies, credit agencies, or bureaus of your choice. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any investigative report that is made.

Personal References: (Not former employers or relative) 2 or 3

Name & Occupation	Address	Phone number

In case of accident or illness please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Information to the applicant:** As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.