



Apex Paramedics, LLC | 5394 Marshall Street | Lakewood, CO 80002

Personal Information

Name: _____

Address: _____

City, State Zip: _____

Home Phone: _____ Secondary Phone: _____

E-mail: _____ Social Security #: _____

In Case of Emergency Contact Information

Name: _____

Relationship: _____ Phone Number: _____

City & State: _____

Application

Position for which you are applying: _____

Have you been given a job description for and understand the position for which you are applying?

☐ Yes ☐ No

Have you ever been convicted of a felony criminal offense?

☐ Yes ☐ No

If yes, please explain:

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Work History:

Present or Most Recent Employer:

Company Name: _____ Phone Number: _____
Address/Location: _____
Job Title: _____ Employment Dates: _____
Ending Salary: _____ Reason for leaving: _____

2nd Most Recent Employer:

Company Name: _____ Phone Number: _____
Address/Location: _____
Job Title: _____ Employment Dates: _____
Ending Salary: _____ Reason for leaving: _____

References:

Reference #1:

Name: _____
Company: _____ Job Title: _____
Phone #: _____ Best Time to Phone: _____

Reference #2:

Name: _____
Company: _____ Job Title: _____
Phone #: _____ Best Time to Phone: _____

Reference #3:

Name: _____
Company: _____ Job Title: _____
Phone #: _____ Best Time to Phone: _____

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Affidavit, Consent and Release

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify all information provided in this employment application is true and complete. I understand any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the president of the organization has the authority to enter into an agreement of employment for any specified period and such arrangement must be in writing and signed by the president and the applicant/employee. If employed with Apex Paramedics, I understand I will have been hired at the will of Apex Paramedics and my employment may be terminated at any time, with or without reason, or with or without notice.

Signature

Date

If you have any questions, please contact Gail Langlois by email at

glanglois@apexparamedics.com

or by fax at (720) 583-2211

or by mail at:

Apex Paramedics, LLC

Attn: Gail Langlois

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