



Life Force of Western PA Inc.
35 6th Ave.
Greenville, PA 16125
(724) 589-0665

Application For Employment

PRE-EMPLOYMENT QUESTIONNAIRE
 EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION			DATE	
NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE	
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	
PHONE NUMBER ()	REFERRED BY			

EMPLOYMENT DESIRED

Position	Date you can start	Salary Desired
Are you currently employed? Yes [] No []	If so, may we inquire of your present employer? Yes [] No []	
Have you ever applied to Life Force before? Yes [] No []	If so, when?	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES LIST BELOW THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN

CERTIFICATION IF APPLYING FOR EMT OR PARAMEDIC POSITION, LIST ALL CERTIFICATIONS BELOW INCLUDING EVOC

CERTIFICATION TYPE	CERTIFICATION NUMBER	EXPIRATION DATE
EVOC EMERGENCY VEHICLE DRIVER TRAINING		

DRIVERS LICENSE INFORMATION LIST BELOW ALL DRIVERS LICENSES YOU CURRENTLY HOLD

LICENSE NUMBER	CLASS	STATE	EXPIRATION DATE

AUTHORIZATION

"I certify the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed by *Life Force of Western PA*, any falsified statements on this application shall be grounds for dismissal.

I authorize *Life Force of Western PA* to investigate all statements contained herein and the references and employers listed above to give *Life Force of Western PA* any and all information concerning *my previous* employment and any pertinent information they may have, personal or otherwise, and release *Life Force of Western PA* from any liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of *Life Force of Western PA* has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative of *Life Force of Western PA*.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ NAME _____ (PRINT)

SIGNATURE _____

INTERVIEWED BY _____ DATE _____

_____ **DO NOT WRITE BELOW THIS LINE** _____

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGE

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER