



WHITE LAKE AMBULANCE AUTHORITY

119 S. Baldwin, Whitehall, MI 49461

Office -(231) 894-4306 FAX (231) 893-0249

Dispatch – 911 or (231) 894-4311

Serving the Citizens of the White Lake Area since 1968

APPLICATION FOR EMPLOYMENT

Date _____

NAME: _____
Last First Middle

Social Security No.: _____ Drivers License No. _____

Present Address: _____

Telephone Number: _____ Pager No. _____

Are you legally eligible for employment in the USA? Yes _____ No _____ (if yes, verification will be required)

Position you are applying for: _____

Current State of Michigan/National Registry License Level: _____

Have you previously been employed by White Lake Ambulance Authority? Yes _____ No _____

If Yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other experiences, skills, or qualifications, which will be of special benefit in the job for which

you are applying? (Applicants should not list any information that Federal and/or State law precludes obtaining

in the pre-employment stage). _____

Education:

School Name and Address Did you graduate? Degree/Diploma Main Field of Interest

List below your past employment, beginning with your most recent job.

Name and Address of Business From / To Begin/End Salary Reason For Leaving Supervisors Name Can We Contact?

I hereby give my permission to contact the employers listed above concerning my prior work experience and to check my driving record.

Signed _____

If there is a particular employer(s), you do not wish us to contact, please indicate which ones above.

Please List 3 Personal References (Not former employers or relatives)

Name and Occupation Address Phone Number Years Known
