



HEALTH Link

Medical Transportation
Services

Email To: dflippula@communityems.org
Address: 26187 Northline Rd. Taylor, MI 48180
Fax: 1-734-946-0454
Attn: Diane Flippula

Date: _____

PERSONAL INFORMATION

Name	Last	First	Middle	Social Security No.
Present Address				
Permanent Address				
Phone Number(s)				Drivers License No.

EMPLOYMENT DESIRED

Position Desired	Full Time	Part Time	Either	Salary Desired	Desired Start Date		
Applied Previously	No	Yes	When	Previously Employed By HEALTH Link	No	Yes	When
Presently Employed	No	Yes	Where	May be Contacted for a Reference	Yes	No	

DRIVING HISTORY (EMT'S AND NEV ONLY)

HAVE YOU HAD ANY OF THE FOLLOWING IN THE PAST SEVEN (7) YEARS?						
Accidents	No	Yes	Year	Explain		
Points	No	Yes	Year	Explain		
Suspensions	No	Yes	Year	Explain		
OUI/OUIL Convictions	No	Yes	Year	Explain		

PROFESSIONAL REFERENCES

Name	Address	Phone	Business	Yrs. Acquainted

EDUCATION HISTORY

	Name & Location	Years Attended	Did You Graduate	Subjects Studied/ Degree Obtained
High School				
College				
Other				
Other				

EMPLOYMENT HISTORY

Name/Address Telephone	Dates From / To	Position and Responsibilities	Reason For Leaving

FEDERAL INFORMATION

Are you of the legal age to work?	Yes	No	Are you 18 years old or older? (For EMT, EMT-S, AEMT only)	Yes	No
Are you legally eligible for employment in the United States of America? (If yes, verification will be required)				Yes	No
Have you been convicted of a felony within the last seven (7) years?	Yes	No	Year	Explain	

How did you learn about us?

Newspaper Ad
 Mailer
 Friend
 Relative
 Other _____

I authorize an investigation of all statements contained in this application. I understand and agree that, if employed, misrepresentation or omission of facts called for on this application is cause for dismissal. Further, I understand and agree that if I am hired, my employment is for no definite period, and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I also authorize my former employers and any others listed on this application to give any information regarding my employment and educational and driving record; and I release all parties from liability for any damages that may result from furnishing same to you.

Signature _____

Date _____