

# Employment Application

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Full Name:

*Last*

*First*

*Middle Initial*

Date:

*MM/DD/YYYY*

Address:

*Street Address*

*Apartment/Unit #*

City:

Province:

Postal Code:

Phone:

Email:

Cover Letter (please attach)

Please check and attach licenses/certifications, where applicable:

OFAIII

Advanced Care Paramedic

RN License

EMR

Primary Care Paramedic

Position Interested In:

How long have you been licensed for?

Are there any restrictions on your license?

Yes

No

If yes, please specify:

Availability:

If you selected 'other' please specify:

Preferred cities to work in:

All Lower Mainland

List Specific Cities:

Referral Source:

If you chose Iridia employee, please mention their name(s):

# Employment History

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Company:

Phone Number:

Address:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

Supervisor:

May we contact your previous supervisor for a reference?

Yes

No

Company:

Phone Number:

Address:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

Supervisor:

May we contact your previous supervisor for a reference?

Yes

No

## References

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Reference 1:

Contact #:

Relation:

Reference 2:

Contact #:

Relation:

Reference 3:

Contact #:

Relation:

## Disclaimer

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I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Submit

Date: