AMBULANCE BILLING NETWORK

APPLICATION FOR EMPLOYMENT

Ambulance Billing Network, LLC is an equal opportunity employer and a Drug-Free Workplace

Today's Date
/   /

First Name	Middle Name	Last Name

Address	City	State	Zip Code

Home Phone	Cell Phone	Email Address

Emergency Contact Name	Emergency Contact Phone Number

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Current (most recent) Employer	
Employment Dates	
Position	
Supervisor	
Contact Phone Number	
Reason For Leaving	

Next Most Recent Employer	
Employment Dates	
Position	
Supervisor	
Contact Phone Number	
Reason For Leaving	

Next Most Recent Employer	
Employment Dates	
Position	
Supervisor	
Contact Phone Number	
Reason For Leaving	

Next Most Recent Employer	
Employment Dates	
Position	
Supervisor	
Contact Phone Number	
Reason For Leaving	

Have you ever been in any branch of the US Military? ☐ Yes ☐ No

If Yes:

Branch	Dates of Service	Honorable Discharge (Y/N)

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EDUCATION AND CREDENTIALS

	Name of School	Years Attended	Graduate (Y/N)	Major
High School				
College				
Graduate				
Technical				

REFERENCES:

Name	Phone Number	Relationship	Years Known

CHECKLIST

/ /		Date Available for Employment
YES	NO	Can you, with or without reasonable accommodation, perform the duties of the job for which you are applying? (Circle answer)
YES	NO	Is the information you provided, to the best of your knowledge, up-to-date, accurate, and without any false statement? (Circle answer)
YES	NO	Are you above the age of 21? (This is asked due to Insurance Company requirements)
YES	NO	I have never been convicted of a felony or misdemeanor offense and am not in the middle of any felony proceedings at this time. (Circle answer)

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Place Initials if Agreed	Statement
	I hereby authorize that all statements made within this application may be investigated. I authorize the Company and its representatives to contact any employers, references, public agencies, licensing authorities, and educational institutions to verify the information within this application. I release all parties from any and all liability for any damage that may result from furnishing information to the Company.
	I understand and agree that, if hired, my employment with Ambulance Billing Network is considered an "at-will" relationship and that my employment can be terminated at any time, by either side, with or without cause or advanced notice.
	I understand, that as a condition of my employment, I will be required to provide proof that I am legally able to work within the United States, provide positive proof of identity to the Company, and keep any identifying information current with the Company.
	I understand, that as a condition of my employment, I will be required to complete a six month "probationary period" of which the Company will afford me numerous training opportunities. I agree that if I do not complete this six month period, I will reimburse the Company $300.00 for fees pertaining to my employment and training.
	I understand that I must submit to and pass a pre-employment drug screening in accordance with the Company's Drug-Free Workplace Program. I understand that I also may be required to obtain a physician's signature that I am capable of performing the duties of the job for which I'm hired. I agree to participate in the Company's Drug-Free Workplace, which includes random drug screening.
	I understand that if, as a result of my negligence, or I am found at fault in any accident or incident, that I may be responsible for property damage up to the Company's deductible of $500.00.

I certify that the information contained within this application is true, accurate, complete, and without false representation. I understand that if any information found to be anything but true, accurate, complete or without false representation will be grounds for this application no longer being considered for employment, or if already hired, grounds for immediate termination.

Applicant's Signature	Date