



16 Dooley Drive
Lugoff, SC 29078

Dear Applicant,

Thank you for your interest in LIFELINE AMBULANCE. LifeLine is eager to employ Drivers, EMTs, and Paramedics who have a goal of providing excellent patient care and customer service.

IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED, you MUST include copies of the following that are applicable to the job you are applying for:

DRIVERS MUST PROVIDE:

- *Valid South Carolina Driver's License
- *Social Security Card
- *10 Year Driving Record (obtained from the Highway Department)
- *SLED Background Check (obtained online a www.sled.sc.gov)
- *CPR Card
- *Defensive Driving Certificate or CEVO
- *W4 Form
- *Form I-9 – Employment Eligibility Verification
- *Employee Direct Deposit Authorization Form & Voided Check or letter from your Financial Institute

After receiving the required documentation and a completed application, your application will be reviewed. Should a position become available and your qualifications meet the necessary requirements, you will be contacted.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, or any other legally protected status. We will give your application every consideration. However, in accepting it, LifeLine makes no commitment of employment to you. Applications are kept on file for a period of 6 months. You are welcome to submit a second application 6 months after your first submission.

Thank you again for your interest in LIFELINE AMBULANCE, LLC. Feel free to contact me if you have any questions about the application process.

Sincerely,

Melynda Burge
HR Manager
803-438-3666



16 Dooley Drive
Lugoff, SC 29078
803-483-3666

APPLICATION FOR EMPLOYMENT

Please print all Information Requested, Except Signature

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____

Street _____ City _____ State _____ Zip Code _____

How Long Have You Lived Here _____ (Months/Years)

Social Security Number _____ Email Address _____

Home Phone Number _____ Cell Phone Number _____

Are you 18 years of age or older? Yes ___ No ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?
Yes ___ No ___

EMPLOYMENT DESRIED

Position _____ Salary Desired \$ _____ Date Available to Start _____

Are You Interested In: _____ Full-time _____ Part-time A-Shift ___ B-Shift ___ C-Shift ___ D-Shift ___

Preferred Work Days: ___ SUN ___ MON ___ TUES ___ WED ___ THUR ___ FRI ___ SAT

Your continued employment with LIFELINE AMBULANCE is conditional upon your availability during the hours listed on your application unless you receive written approval for change in availability.

MISCELLANEOUS

1. Do you have a valid driver's license? # _____ State _____ Expires _____ Yes ___ No ___

2. Do you have at least two years licensed driving experience? Yes ___ No ___

3. Is your License a CDL? Yes ___ No ___

4. Have you had any accidents in the last three years? Yes ___ No ___

5. Have you ever been convicted of a felony? Yes ___ No ___

If you have answered "YES" to question 4 or 5, or "NO" to any other question, please explain by indicating the number of the question to which you are responding. _____



PO Box 206
16 Dooley Drive
Lugoff, SC 29078
803-438-3666

BACKGROUND RESEARCH RELEASE

Authorization and General Release

The undersigned _____ in connection with his/her employment, authorize all law enforcement agencies to release information they may have about me to LIFELINE AMBULANCE, LLC or its agents and release them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative criminal background report and I understand that such a report may contain information about my background, character, and personal reputation. I understand that this notice will also apply to any further update reports that may be requested.

First Name: _____ Last Name: _____ MI: _____

Maiden: _____

Address: Street _____

City _____ State: _____ Zip Code: _____

Social Security: _____ Date of Birth: _____

Email address: _____

Signature: _____

Printed Name: _____

Date: _____

LIFELINE's Representative: _____

Title: _____

MILITARY SERVICE

Have you been in the Armed Forces? Yes No Have you been in the National Guard? Yes No

If YES: Specialty _____ Date Entered _____ Date Discharged _____

EDUCATION

High School:

Name _____ Address: _____ # Years Completed _____

Trade School:

Name _____ Address: _____ # Years Completed _____

College:

Name _____ Address: _____ # Years Completed _____

Major subject area studied: _____ Minor Subject: _____

EMPLOYMENT HISTORY

WERE YOU EVER EMPLOYED WITH LIFELINE AMBULANCE, LLC? Yes No Date: From ___/___/___ To ___/___/___

Please list below your last three employers beginning with the most recent:

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

Employer: _____ From: _____ To: _____

Address: _____ Phone _____

Position Title: _____ Salary: _____ Supervisor: _____

Reason for Leaving: _____

Employer: _____ From: _____ To: _____

Address: _____ Phone _____

Position Title: _____ Salary: _____ Supervisor: _____

Reason for Leaving: _____

Employer: _____ From: _____ To: _____

Address: _____ Phone _____

Position Title: _____ Salary: _____ Supervisor: _____

Reason for Leaving: _____

REFERENCES:

Please list two references, other than relatives or previous employers whom we may contact

Name _____

Name _____

Company _____

Company _____

Address _____

Address _____

Telephone: () _____

Telephone: () _____

**ALL APPLICANTS MUST SUBMIT A 10 YEAR DRIVING RECORD WITH APPLICATION
ALL APPLICANTS WILL BE SUBJECTED TO A LAW-ENFORCEMENT BACKGROUND CHECK and DRUG TESTING**

Please Read the Following Paragraphs Carefully:

By signing below, I certify that I have read, understand and agree to each of the following statements:

1. All of the information I have supplied on this application is true, accurate, and complete to the best of my knowledge, and I have not knowingly withheld any information that, if known to LIFELINE, would affect my application unfavorably.
2. If I am hired by LIFELINE and if LIFELINE discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.
3. I understand this employment application will remain active for six months from the date below. If I want to be considered for a job with LIFELINE after this period of time I must complete another application.
4. **I UNDERSTAND THAT IF LIFELINE AMBULANCE, LLC EMPLOYS ME, EITHER LIFELINE OR I MAY TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY REASON.** I also understand that no official LIFELINE AMBULANCE, LLC other than the Chief Executive Officer, has any authority to enter into an agreement for employment for any specific period of time or make any agreement contrary to the forgoing.

Applicant Signature: _____ Date: _____

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER



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First Name: _____ Last Name: _____ MI: _____

Maiden: _____

Address: Street _____

City _____ State: _____ Zip Code: _____

Social Security: _____ Date of Birth: _____

Email address: _____

Signature: _____

Printed Name: _____

Date: _____

LIFELINE's Representative: _____

Title: _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee Direct Deposit Authorization Form

Do NOT send or fax to National Payment Corporation!

To be retained by Employer. Keep in your Employee files.

Photocopy this form and distribute a copy to each employee participating in Direct Deposit.

Account One

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

Savings
 Checking
Amount for this Account:

REMAINDER

Staple Voided
Check Here

Label it ①

Account Two

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

Savings
 Checking
Amount for this Account:
\$ _____
or _____ %

Staple Voided
Check Here

Label it ②

Account Three

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

Savings
 Checking
Amount for this Account:
\$ _____
or _____ %

Staple Voided
Check Here

Label it ③

Account Four

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

Savings
 Checking
Amount for this Account:
\$ _____
or _____ %

Staple Voided
Check Here

Label it ④

I authorize my employer, _____, and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

Employee Signature _____

Date _____