



**MAIL APPLICATIONS TO:**

695 Canosa Court, #B,  
 Denver, CO 80204-4143  
 Phone 720-235-3500  
 Fax 720-235-3507

**APPLICATION FOR EMPLOYMENT**

Last Name	First	M.I.	Home Phone	Mobile Phone
Street Address			Work Phone	Pager
City, State, Zip			Email Address	
Position for which you are applying:			Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part time, how many hours per week are you available? _____	
If hired, can you furnish proof of eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of any non-traffic misdemeanors or felonies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates and states in which convictions occurred.			Have you had your driver's license suspended or revoked in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details.	
If required, are you willing to submit to a pre-employment polygraph examination and for job-related reasons thereafter? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License # _____	

	Name/Location	Major	# of years completed	Did you graduate?
<b>High School</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>College</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Vocational / Trade School</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other Special Training:</b>				

Please list all current certifications:	
1.	4.
2.	5.
3.	6.



## Certifications and Registrations – Required Documents

Dear Applicant:

**CURRENT copies of certifications/documents must be submitted with your application in order to be considered for employment.** Original documents may be required for verification at any time during your employment with Limocare. Only certificates and registrations issued by government agencies, accredited colleges/universities, prehospital training institutions and hospital training programs will be accepted. **Also, please submit updated information as you receive updated or new certifications on an ongoing basis.**

Colorado Driver's License # - Required	<input type="checkbox"/>
Current Driving Record - Required	<input type="checkbox"/>
Certification Level – EMT's	<input type="checkbox"/>
Fair Credit Disclosure form signed for background check. – Required. Available on our web site.	<input type="checkbox"/>
Certification Number – EMT's	<input type="checkbox"/>
National Registry and expiration date– if applicable.	<input type="checkbox"/>
Heptavax Immunization on File – EMT's	<input type="checkbox"/>
PPD Immunization on File – EMT's	<input type="checkbox"/>
CPR - Current - EMT's	<input type="checkbox"/>
IV Certification –For EMT Only	<input type="checkbox"/>
Basic EKG Cert-For EMT's Preferred	<input type="checkbox"/>
Required after hire:	
W-4 - Required	<input type="checkbox"/>
I-9 with copies of two acceptable forms of ID- usually driver's license and social security card. - Required	<input type="checkbox"/>