



# EMPLOYMENT APPLICATION

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## Applicant's Information

Name: \_\_\_\_\_

Date of Application: \_\_ / \_\_ / \_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cell/Home: \_\_\_\_\_

| EDUCATION          | NAME OF SCHOOL | ADDRESS | YEARS | PROGRAM | GPA |
|--------------------|----------------|---------|-------|---------|-----|
| <b>HIGH SCHOOL</b> |                |         |       |         |     |
| <b>COLLEGE</b>     |                |         |       |         |     |
| <b>OTHER</b>       |                |         |       |         |     |

## EMPLOYMENT: LIST YOUR LAST THREE EMPLOYERS, BEGINNING WITH THE MOST RECENT.

| DATES EMPLOYED:      | EMPLOYER NAME AND ADDRESS | POSITION & RESPONSILITIES | ANNUAL INCOME | REASON FOR LEAVING |
|----------------------|---------------------------|---------------------------|---------------|--------------------|
| __/__/__<br>__/__/__ |                           |                           |               |                    |
| __/__/__<br>__/__/__ |                           |                           |               |                    |
| __/__/__<br>__/__/__ |                           |                           |               |                    |

If you are currently working, may we contact your employer? \_\_\_\_\_ Telephone: \_\_\_\_\_

Drivers License# \_\_\_\_\_ Certifications: \_\_\_\_\_

| Business References: (No relatives) |         |           |            |              |
|-------------------------------------|---------|-----------|------------|--------------|
| NAME                                | ADDRESS | TELEPHONE | OCCUPATION | RELATIONSHIP |
| 1.                                  |         |           |            |              |
| 2.                                  |         |           |            |              |
| 3.                                  |         |           |            |              |

I give my permission for Advantage First Aid Training and Safety, LLC. to verify any of the information provided above.

Signed: \_\_\_\_\_ Date: \_\_/\_\_/\_\_