



APPLICATION FOR EMPLOYMENT

CANDIDATE: FIRST NAME MIDDLE INITIAL LAST NAME

INSTRUCTIONS: Print or type legibly for efficient application processing. Answer all questions. Sign and date the form toward the bottom of the document. Upon completion, please email the job application to: HR@kmreducation.com

PERSONAL INFORMATION:

Street Address _____

City, State, Zip Code _____

Phone Number (____) _____

Are you eligible to work in the United States? Yes No

Are you under the age of 18 years? Yes No

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes No

If yes, please explain: _____

POSITION/AVAILABILITY (Position applying for): _____

Days/Hours Available

Monday: Hours available from _____ to _____

Tuesday: Hours available from _____ to _____

Wednesday: Hours available from _____ to _____

Thursday: Hours available from _____ to _____

Friday: Hours available from _____ to _____

Saturday: Hours available from _____ to _____

What date are you available to start work? _____



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EDUCATION:

Name and Address of School / Degree/Diploma Type / Area of Study / Graduation Date

CERTIFICATIONS AND LICENSES (Including instructor certifications):

Cert or License name / State or Certifying Agency / Cert or Lic. Number / Expiration Date or N/A



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EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Address of employer: _____

Supervisor's Name: _____

Supervisor's Phone Number: _____ Supervisor's Email: _____

Reason for Leaving: _____

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Previous Position:

Employer: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Address of employer: _____

Supervisor's Name: _____

Supervisor's Phone Number: _____ Supervisor's Email: _____

Reason for Leaving: _____

May We Contact Your Employers? Yes No



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EXPERIENTIAL HISTORY & AFFILIATION WITH KEY MEDICAL RESOURCES, INC.

Years of experience teaching adults _____ or N/A

Years of experience providing patient care _____ or N/A

Years of experience in a clerical or office role _____ or N/A

What role did you provide patient care (e.g., RN, RT, MD) _____ or N/A

Who have you taught continuing education for?

EMT CNA ATC PT LVN RN RRT PA NP MD

or N/A

What certifications are you currently qualified to teach?

CPR First Aid Stop the Bleed BLS ACLS/ALS ASLS PALS NRP

NALS TNCC ATCN MAB PHTLS BART/EKG C-EFM TCCC

or N/A

Do you have reliable transportation and are willing to drive with teaching equipment up to 60 miles away from Rancho Cucamonga? Yes No N/A

On a scale of 1-10 rate your proficiency with Microsoft Office products, 10 being an expert: _____

New to Key Medical Resources Inc.? (Move on to the References section)

In what role were you affiliated with Key Medical Resources, Inc.?

Independent Contractor Years with Key Medical Resources, Inc. _____

Employee Years with Key Medical Resources, Inc. _____



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REFERENCES:

Please provide three references we may contact.

Name/ Title / Phone / Email Address

AFFIDAVIT:

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I recognize Key Medical Resources, Inc. is an “at-will employer.” I authorize the verification of any or all information listed in this job application.

Signature _____ Date _____