

Self Directed FMS Employment Application

Applicant Name: _____
Last First Middle

Address: _____
Street Address Apartment #

City: _____ State: _____ Zip Code: _____

Day Telephone #: _____ Nighttime Telephone #: _____

Social Security Number _____

Are you a U.S. Citizen: Yes or No _____ If NO, date of arrival in U.S.: - -

INS Identification Number: _____

Emergency Contact Name: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Qualifications and Skills Required:

| | Yes or No | Issued | Expires |
|------------------------|-----------|--------|---------|
| CPR | _____ | _____ | _____ |
| First Aide | _____ | _____ | _____ |
| Legally Issued License | _____ | _____ | _____ |

Reference:

| Name | Phone # | Years Known |
|------|---------|-------------|
|------|---------|-------------|

By my signature, I certify that the above information is true to the best of my knowledge.

Signature of Applicant _____

Date _____

For Employer Use Only:

Agreed Rate of Pay: \$ _____ per hour

Day(s) and Hours of employment _____