

81 Airport Road Glasgow, MT 59230 Phone: 406-228-4687 Emergency: 800-992-7828 / 406-228-3522 Fax: 406-228-4686 www.nemtstatair.com

## Flight Nurse Employment Application

Applicant Information								
Full Name:				Date:				
	Last	First		M.I.				
Address:								
	Street Address							
	City			State	ZIP Code			
Phone:			Email					
Date Available:		Social Security No.:_						
Position Ap	oplying Full Time (96 h	rs/pay period)		Part Time (48 h	rs/pay period) 🔲			
Are you a o States?	citizen of the United	YES NO						
Have you ever worked for this YES NO company?								
Have you e felony? If yes, explain:	ever been convicted of a	YES NO						
	_	Certi	fications					
RN License Number :	e 							
Drivers Lic	ense Number:							

Please list certifications and/or special training that may qualify you for this position:

References							
Please list three professional references.							
Full Name:		Relationship:					
Company:		Phone:					
Address:							
Full Name:		Relationship:					
Company:							
Address:							
Full Name:		Relationship:					
Company:							
Address:							
Previou	s Employment						
Company:		Phone:					
	Supervisor:						
Job Title:							
Responsibilities:							
From: To:							
May we contact your previous supervisor for a reference?	YES I	NO					
Milita	ary Service						
Branch:		From:	То:				
Rank at Discharge:	Type of Discharge:						
If other than honorable, explain:							
Disclaime	er and Signatur	e					
I certify that my answers are true and complete t	to the best of my	<sup>,</sup> knowledge.					
If this application leads to employment, I underst application or interview may result in my release		r misleading inform	ation in my				
*Signature		Date:					

\*Resume Required – you must attach a complete and accurate resume to be fully considered for this position.