

PILOT MEDICAL SOLUTIONS, INC
EMPLOYMENT APPLICATION



NAME

First _____ Middle _____ Last _____

Address _____

Phone Numbers () _____ () _____

Social Security # _____ - _____ - _____ D.O.B. ____/____/____ DL # _____
Optional Optional

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

Have you been convicted of or pleaded no contest to a felony within the last 10 years?
Yes _____ No _____ If yes, please explain: _____

Position Applied For _____

Type of employment desired: _____ Full-Time _____ Part-Time _____ Temporary

What date are you available to start work? _____

EDUCATION

Name and Address of School - Degree / Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

Employment History (Last 5 Years)

Name and Address of Employer - Title / Responsibility - Date/Term of Employment

Application for Employment, PAGE 2

Write your last name in the upper left corner in all caps. Write your address, phone number and email address at the bottom of this page, separating each component by a star.

(1) A. Identify the skills and methods which you used to resolve conflict.

B. Describe in great detail, a recent incident where you encountered conflict and how you resolved it.

(2) Define the term "Meaningful Relationship".

(3) What do you expect from your employer?

(4) During your work day, you receive a call from a dissatisfied customer/client. He complains that you don't care, that the company is not providing what he paid for and he demands a refund. Assume you have full authority to resolve his complaint. What will you say to him?

Application for Employment, PAGE 3

May We Contact Your Present Employer? YES_____ NO_____

REFERENCES

Name / Title - Address - Phone

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.

I authorize the verification of any and all information listed above. I understand a background investigation will be performed with the information provided on this application. I hereby give consent to a background investigation to verify any of the information listed in this application, qualify my fitness for employment and to discover any information which may have been excluded in this application.

Signature_____

Date_____

Please e-mail your completed application to info@leftseat.com
You may also upload your application at <http://www.leftseat.com/hire.htm>
or Fax to 405-787-0303