

Employment Application



Date of Application: _____

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, ancestry, marital status, age, disability, veteran status or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Name:	DOB: ____/____/____	
Address:		
City:	State:	Zip:
Phone:	SSN: ____ - ____ - ____	

GENERAL INFORMATION

Position Applying For: _____ (Application is good for sixty days)

Are you a Certified EMT? Yes No Certification Expires: _____

Are you a Certified Paramedic? Yes No Certification Expires: _____

Available to work: Full Time Part Time Date Available to start work: _____

Do you have the right to work in the U.S.? Yes No

Have you been convicted of a felony within the last 10 years? Yes No

If yes, please explain: _____

Have you ever been convicted of any crime relating to the use, sale, possession or transportation of narcotics, habit forming or dangerous drugs? Yes No

If yes, please explain: _____

Do you currently use illegal drugs? Yes No

If yes, please explain: _____

Have you ever applied for a position with or worked for this company before? Yes No

If yes, specify dates: From: To: _____

EDUCATION

Please list education or specialized experience that relates to the position(s) for which you are applying.
Exclude names or terms which indicate, for example, race, color, religion, sex, disability or nation origin.

Name & Address of School	Major	# of Years Completed	Did You Graduate?
High School			
College			
Other (Specify)			

EMPLOYMENT

Start with your present or last job. Include military service assignments and volunteer activities.
Exclude organization names which indicate, for example, race, color, religion, sex, disability or national origin.

1	Company Name:	Telephone: ()
	Address:	Dates of Employment (Month & Year) From: To:
	Name of Supervisor:	Weekly Pay Start: Last:
	State Job Title & Describe Your Work:	Reason for Leaving:
2	Company Name:	Telephone: ()
	Address:	Dates of Employment (Month & Year) From: To:
	Name of Supervisor:	Weekly Pay Start: Last:
	State Job Title & Describe Your Work:	Reason for Leaving:
3	Company Name:	Telephone: ()
	Address:	Dates of Employment (Month & Year) From: To:
	Name of Supervisor:	Weekly Pay Start: Last:
	State Job Title & Describe Your Work:	Reason for Leaving:
4	Company Name:	Telephone: ()
	Address:	Dates of Employment (Month & Year) From: To:
	Name of Supervisor:	Weekly Pay Start: Last:
	State Job Title & Describe Your Work:	Reason for Leaving:

To assist us to check records and verify prior employment and education, please indicate whether you were ever employed or enrolled under a name other than that used on this application. Yes No

If yes, please specify the name you were employed or enrolled under: _____

If you are employed now, may we contact your current employer? Yes No

Are you a veteran of the United States military service?

If yes, please specify, please state branch of service: _____

Please list any job-related professional, trade business or civic activities, organizations and associations: (You may omit those which indicate, for example, race, color, religion, national origin, ancestry, sex or age.)

Below, list any and all traffic citations received and accidents you have been involved in during the last five years:

1. _____
2. _____
3. _____
4. _____
5. _____

Driver's License Number: _____ State _____

Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain: _____

Please provide the names, addresses & telephone numbers of at least two references who are not related to you:

Person to be contacted in the event of an accident or emergency:

Name: _____

Address: _____

Telephone: _____

I certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the company unless I have indicated to the contrary. I authorize the references listed, as well as all other individuals whom the company contacts, to provide the company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of any information on this application may result in my failure to receive an offer of employment or, if I am hired, my dismissal from employment.

I understand that this application is not a contract of employment.

In consideration of my employment, I agree to conform to the rules and standards of the company, as amended by the company from time to time in its discretion. I further agree that my employment can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company. I understand that no employee or representative of the company, other than its Director, has the authority to make any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Further, the Director of the company may not alter the "at-will" nature of the employment relationship unless he does so specifically and in writing that he signs.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Signature of Applicant

Date