

# Employment Application

NELSON AMBULANCE SERVICE

CONNECTICUT HANDIVAN, INC

ACCESS AMBULANCE SERVICE

Our organization will consider applicants for all positions without regard to age, gender, race, color, national origin, religion, creed, disability, martial or veteran status, sexual orientation, or any legally protected status.

(PLEASE PRINT CLEARLY)

Date of Application: \_\_\_\_\_

Name:(Last, First, Middle Initial)	Social Security #
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Please list any other names by which you have been known, of which we should be aware, to adequately verify identity, employment history or education: \_\_\_\_\_

ADDRESS INFORMATION			
Address		Apt #	Phone #
City	State	Zip Code	Alternate Phone #
Email			

Previous Addresses: During the the last five years, beginning with the most recent

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

EMERGENCY CONTACT INFORMATION			
Name:(Last, First)		Relation	
Address		Apt #	Phone #
City	State	Zip Code	Alternate Phone #
Email			

**NOTICE TO APPLICANTS AND EMPLOYEES: Screening tests for illegal drug use may be required before hiring and during your employment here.**

**GENERAL INFORMATION**

Position Applied For:

Driver (Public Service License)     EMT-B     EMT-I     Paramedic

Companion/Monitor     Telecommunicator     Call Intake/Client Service Representative

Medical Billing/Collections     Mechanic     Auto Detailer     Intern

Other: \_\_\_\_\_

Are you available to work:  Full Time     Per Diem     Either

How were you referred to us? \_\_\_\_\_

Date you can begin work: \_\_\_\_\_

Have you ever filed an application with us before?  Yes     No    If Yes, date(s) \_\_\_\_\_

Have you ever been employed with us before?  Yes     No    If Yes, date(s) \_\_\_\_\_

I am a Citizen of the United States or National of the U.S., an alien lawfully admitted for permanent residence, or otherwise authorized to work in the U.S..

Yes     No

**SPECIAL SKILLS (computer software, data processing, equipment, etc.)**


**INTEREST**

Use this space to describe your interest in our organization and the skills and aptitude that you feel qualify you for a position at the Company.


**PROFESSIONAL CERTIFICATIONS**

Course	Cert #	Date of Course	Expiration Date

**EDUCATION**

Institution Name	City, State	Years Completed	Graduate/Degree
High School			
College			
College			
Professional			
Trade/Other			

Are you currently attending school? \_\_\_\_ Yes \_\_\_\_ No # of Credits \_\_\_\_ Where? \_\_\_\_\_

**DRIVER'S LICENSE INFORMATION**

License Number	State	Expiration Date	Class
Restrictions	Endorsements		

Have you had your driver's license for more than five years? \_\_\_\_ Yes \_\_\_\_ No

Driving Violations (past 3 years)	Date	Disposition & Fine	Points

Automobile Accidents(past 3 years)	Date	City	State

**U.S. MILITARY SERVICE**

\_\_\_\_ Yes \_\_\_\_ No Branch \_\_\_\_\_ Rank \_\_\_\_\_

Induction Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

Specialty \_\_\_\_\_ Service School \_\_\_\_\_

**PERSONAL REFERENCES**

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

**PREVIOUS EMPLOYMENT**

Start with your present or last job. Include any job-related volunteer activities. You may exclude organizations that indicate race, color, national origin, disability, sexual orientation, or any other protected status.

Employer	Dates Employed		Job Title
	From	To	
Address			Supervisor
City,State,Zip Code	Salary/Hourly Wage		Reason for Leaving
	Starting	Final	
Telephone #			

Employer	Dates Employed		Job Title
	From	To	
Address			Supervisor
City,State,Zip Code	Salary/Hourly Wage		Reason for Leaving
	Starting	Final	
Telephone #			

Employer	Dates Employed		Job Title
	From	To	
Address			Supervisor
City,State,Zip Code	Salary/Hourly Wage		Reason for Leaving
	Starting	Final	
Telephone #			

Employer	Dates Employed		Job Title
	From	To	
Address			Supervisor
City,State,Zip Code	Salary/Hourly Wage		Reason for Leaving
	Starting	Final	
Telephone #			

Are there any employers that you DO NOT wish us to contact? \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment?

\_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, please describe the circumstances:

**CRIMINAL BACKGROU**

Have you ever been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (A conviction record will not necessary be a bar of employment.)

\_\_\_\_\_ No \_\_\_\_\_ Yes, Explain: \_\_\_\_\_

## ACKNOWLEDGEMENT AND AUTHORIZATION

If you have any questions regarding this statement, please ask them to an interviewer before signing.

I certify that answers given herein are true, complete and accurate to the best of my knowledge and are made in good faith.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby authorize any person, educational institution, or company that I have listed in this application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold our organizations, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

This application for employment shall be considered active for a period of time not to exceed 180 days from date of submission. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of our organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I have read and understand the above:

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Signature

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Date