

# ELLSWORTH AREA AMBULANCE SERVICE EMPLOYMENT APPLICATION

## PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER (SSN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ PAID ON-CALL

## EMPLOYMENT ELIGIBILITY

ARE YOU AT LEAST 18 YEARS OF AGE? ☐ YES ☐ NO

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO\*

\*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? ☐ YES ☐ NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES\* ☐ NO

\*IF YES, WRITE THE START AND END DATES:

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF OFFENSES WHICH RELATE TO FITNESS TO  
PERFORM THE PARTICULAR JOB FOR WHICH YOU ARE APPLYING? ☐ YES\* ☐ NO

\*IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU HAVE A VALID DRIVERS LICENSE? ☐ YES\* ☐ NO

\*IF YES STATE OF ISSUE AND NUMBER: \_\_\_\_\_

## EDUCATION

HIGH SCHOOL: \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE? ☐ YES ☐ NO DIPLOMA: \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE? ☐ YES ☐ NO DEGREE: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

**EMPLOYER 1:** \_\_\_\_\_  
Company / Individual

NAME OF SUPERVISOR: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_  
City State Zip Code

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

**EMPLOYER 2:** \_\_\_\_\_  
Company / Individual

NAME OF SUPERVISOR: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_  
City State Zip Code

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

**EMPLOYER 3:** \_\_\_\_\_  
Company / Individual

NAME OF SUPERVISOR: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_  
City State Zip Code

STARTING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY ENDING PAY: \$ \_\_\_\_\_ ☐ HOUR ☐ SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

<b>REFERENCES</b> (PROFESSIONAL ONLY)
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**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

### **MILITARY SERVICE**

**ARE YOU A VETERAN?** ☐ YES ☐ NO

BRANCH: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

IF NOT HONORABLE, PLEASE EXPLAIN: \_\_\_\_\_

### **ADDITIONAL QUALIFICATIONS**

DESCRIBE ANY EDUCATION OR TRAINING NOT ALREADY COVERED OR  
VOLUNTEER WORK CONSIDERED RELEVANT TO THE POSITION:

### **SPECIAL SKILLS AND QUALIFICATIONS**

PLEASE LIST ALL CURRENT PROFESSIONAL CREDENTIALS, LICENSES, OR  
CERTIFICATIONS:

## ORGANIZATIONS AND MEMBERSHIPS

PLEASE LIST ANY CURRENT PROFESSIONAL ORGANIZATIONS WHICH YOU BELONG TO AND ANY HONORS YOU'VE RECEIVED WHICH YOU REGARD AS RELEVANT TO THE POSITION YOU'RE APPLYING FOR:

## BACKGROUND CHECK CONSENT

**MAY WE CONDUCT A PERSONAL BACKGROUND CHECK INCLUDING CONTACT OF YOUR REFERENCES NAMED ABOVE AND REVIEW OF OTHER RECORDS AS REQUIRED FOR THE POSITION?** ☐ YES ☐ NO

## DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_