

ELLSWORTH AREA AMBULANCE SERVICE EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____

First	Middle	Last
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ADDRESS: _____
Street Address _____ Apt/Suite _____

City _____ **State** _____ **Zip Code** _____

E-MAIL: info@mydomain.com **PHONE:** 123-4567

SOCIAL SECURITY NUMBER (SSN): - - -

DATE AVAILABLE:

POSITION APPLIED FOR:

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

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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

REFERENCES

(PROFESSIONAL ONLY)

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 _____