



## APPLICATION FOR EMPLOYMENT

First Response Ambulance provides equal employment opportunities to all prospective employees without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, marital status, veteran, reserve, national guard status, or any other legally protected category in accordance with applicable state and federal law.

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

Position(s) Applied For: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone :(     ) \_\_\_\_\_ Business: (     ) \_\_\_\_\_

Cell :(     ) \_\_\_\_\_ Alternate Phone :(     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Pay Expected \$ \_\_\_\_\_

Current Salary \$ \_\_\_\_\_

Will you work overtime if required? Yes \_\_\_\_\_ No \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

Other special training or skills (languages, machine operator, typing, etc.)

\_\_\_\_\_  
\_\_\_\_\_

EMT License No. \_\_\_\_\_

EMT License Expiration Date \_\_\_\_\_

Driver License No. \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration: \_\_\_\_\_

## **EMPLOYMENT HISTORY**

1. Company Name \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
Name of your Supervisor: \_\_\_\_\_ Your job title: \_\_\_\_\_  
Describe your work performed: \_\_\_\_\_  
\_\_\_\_\_

2. Company Name \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
Name of your Supervisor: \_\_\_\_\_ Your job title: \_\_\_\_\_  
Describe your work performed: \_\_\_\_\_  
\_\_\_\_\_

3. Company Name \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
Name of your Supervisor: \_\_\_\_\_ Your job title: \_\_\_\_\_  
Describe your work performed: \_\_\_\_\_  
\_\_\_\_\_

4. Company Name \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
Name of your Supervisor: \_\_\_\_\_ Your job title: \_\_\_\_\_  
Describe your work performed: \_\_\_\_\_  
\_\_\_\_\_

We may contact the employers listed above unless you indicate those you do not want us to contact.

## **EDUCATION:**

SCHOOL	NAME & LOCATION	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADUATE				
COLLEGE				
BUSINESS/TRADE OR TECH				
HIGH SCHOOL				
ELEMENTARY				

## **REFERENCES:**

List Name and Phone numbers of three business/work related references who are not related to you

Name	Telephone	Years Known
1. _____		
2. _____		
3. _____		

## **EMERGENCY CONTACT INFORMATION**

NAME	Telephone	Relationship
1. _____		
2. _____		

## APPLICANT STATEMENT

### READ CAREFULLY BEFORE SIGNING BELOW

I certify that all the information I have provided in order to apply for and secure work is true, complete and correct. I further understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel this application, or immediately discharge me from employment, whenever it is discovered.

I authorize, without reservation, the employer, it's representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me on this application.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that I will be an "at will" employee. This means I am free to resign at any time with or without cause, and without prior notice, and that the employer is free to terminate my employment at any time with or without cause, and without prior notice, except as what may be prohibited by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration express or implied. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that all federal immigration laws require me to complete an I-9 form in this regard.

I certify that I fully understand and accept all terms of the foregoing applicant statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

