



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (Last Name First) _____ TODAY'S DATE _____
PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____
DRIVER'S LICENSE NUMBER _____ EMAIL _____
ARE YOU 18 YEARS OR OLDER? YES **OR** NO

DESIRED EMPLOYMENT

POSITION APPLING FOR _____ DATE YOU CAN START _____
SALARY DESIRED _____ ARE YOU CURRENTLY EMPLOYED? YES **OR** NO
HAVE YOU APPLIED TO THIS COMPANY BEFORE? YES **OR** NO IF YES, WHEN? _____
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES **OR** NO IF YES, WHEN? _____
REASON FOR LEAVING? _____

WHO REFERRED YOU TO TRI-COUNTY AMBULANCE SERVICE, INC? EMPLOYMENT AGENCY NEWSPAPER
 FRIEND WALK IN WEBSITE OTHER _____

EDUCATION

ELEMENTARY SCHOOL

NAME _____
LOCATION _____ YEARS ATTENDED _____ GRADUATE? _____

HIGH SCHOOL

NAME _____
LOCATION _____ YEARS ATTENDED _____ GRADUATE? _____

COLLEGE

NAME _____
LOCATION _____ YEARS ATTENDED _____ GRADUATE? _____

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING OR SKILLS PERTINENT TO THE POSITION _____

EMS APPLICANTS ONLY

LEVEL OF CURRENT CERTIFICATION (PLEASE CIRCLE ONE): FIRST RESPONDER EMT-B EMT-A EMT-P EMT-I

YEAR CERTIFICATION WAS ESTABLISHED _____

CERTIFICATION NUMBER _____ RENEWAL DATE _____

LOCATION WHERE CERTIFICATION WAS OBTAINED _____

PLEASE LIST ALL ADDITIONAL EMS CERTIFICATIONS PERTINENT TO POSITION APPLYING FOR _____

_____ ARE CERTIFICATIONS CURRENT TO DATE? YES **OR** NO

ARE YOU CERTIFIED AT A NATIONAL REGISTRY LEVEL _____

DO YOU HAVE 911 CALL EXPERIENCE? YES **OR** NO IF YES, HOW MANY YEARS? _____

ARE YOU CURRENTLY WORKING IN THE EMS FIELD AS A PAID EMPLOYEE OR VOLUNTEER? YES **OR** NO

ORGANIZATION CURRENTLY WORKING WITH _____ HOW LONG? _____

NAME OF SUPERVISOR _____ PHONE NUMBER _____

PAST ORGANIZATIONS THAT YOU HAVE WORK WITH _____ HOW LONG? _____

_____ HOW LONG? _____

_____ HOW LONG? _____

HAVE YOU WORKED FOR A PRIVATE AMBULANCE SERVICE IN THE PAST? YES **OR** NO IF YES, HOW MANY YEARS? _____

IS YOUR DRIVING RECORD CLEAR OF ANY OFFENSES? YES **OR** NO IF NO, PLEASE EXPLAIN _____

DO YOU HAVE ANY PREVIOUS EXPERIENCE WITH DRIVING AN AMBULANCE OR A LARGE TRUCK? YES **OR** NO

IF YES, EXPLAIN: _____

FORMER EMPLOYERS

NAME OF PRESENT OR LAST EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

START DATE _____ END DATE _____ JOB TITLE/POSITION _____

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____ MAY WE CONTACT SUPERVISOR? YES NO

NAME OF SUPERVISOR _____ TITLE _____ PHONE _____

DESCRIPTION OF WORK _____

REASONS FOR LEAVING _____

NAME OF PREVIOUS EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

START DATE _____ END DATE _____ JOB TITLE/POSITION _____

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____ MAY WE CONTACT SUPERVISOR? YES NO

NAME OF SUPERVISOR _____ TITLE _____ PHONE _____

DESCRIPTION OF WORK _____

REASONS FOR LEAVING _____

NAME OF PREVIOUS EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

START DATE _____ END DATE _____ JOB TITLE/POSITION _____

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____ MAY WE CONTACT SUPERVISOR? YES NO

NAME OF SUPERVISOR _____ TITLE _____ PHONE _____

DESCRIPTION OF WORK _____

REASONS FOR LEAVING _____

REFERENCES

LIST THREE PERSONAL REFERENCES WHO ARE NOT RELATED AND THAT YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

1. NAME _____ RELATIONSHIP TO APPLICANT _____

YEARS ACQUAINTED _____ PHONE NUMBER _____

2. NAME _____ RELATIONSHIP TO APPLICANT _____

YEARS ACQUAINTED _____ PHONE NUMBER _____

3. NAME _____ RELATIONSHIP TO APPLICANT _____

YEARS ACQUAINTED _____ PHONE NUMBER _____

SERVICE RECORD

BRANCH OF SERVICE _____

DISCHARGE DATE _____

RANK AT TIME OF DISCHARGE _____ PLEASE PROVIDE COPY OF DD214 FORM

Have you been convicted of a felony within the past 5 years? YES OR NO

If yes, please explain (Will not necessarily exclude you from consideration) _____

Have you ever been suspended, censured, had restrictions on your ability to clinically practice, or otherwise been reprimanded or disqualified as a member of an EMS profession, or other profession? If yes, please explain:

Have you ever been suspended, disciplined or permitted to resign in lieu of termination from a job? If yes, please explain: _____

AUTHORIZATION

"I certify that the facts contained in the application are true and completed to the best of my knowledge and understand that, if employed, falsified statements on the application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

SIGNATURE _____

DATE _____

Applications can be mailed, dropped off at the office or you may set up an appointment to bring your application in and briefly meet with a company administrator.

Mailing Address:

Tri-County Ambulance Service, Inc

615 Nelson Parkway

Wakarusa, In 46573

Office Phone: 574-862-4961