

WARWICK COMMUNITY AMBULANCE ASSOCIATION APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY NUMBER _____
Last First Middle

ADDRESS _____ PHONE _____
Street City State ZIP

ARE YOU 21 YEARS OR OLDER? Yes No DO ANY OF YOUR RELATIVES CURRENTLY WORK OR VOLUNTEER HERE? Yes No

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANER OR FELONY? Yes No

HAVE YOU EVER BEEN EXCLUDED FROM PARTICIPATION IN FEDERAL HEALTH CARE PROGRAMS, LIKE MEDICARE? Yes No

ARE YOU PREVENTED FROM LAWFULLY BEING EMPLOYED IN THIS COUNTRY DUE TO VISA OR IMMIGRATION STATUS? Yes No

EMPLOYMENT DESIRED

POSITION _____ FULL TIME DATE YOU CAN START _____ SALARY DESIRED _____
 PART TIME

ARE YOU EMPLOYED NOW? Yes No IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER Yes No

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: HIGH SCHOOL 9 10 11 12 COLLEGE, TRADE OR BUSINESS 1 2 3 4 GRADUATE STUDIES

School	Name/Location of School	Major Studied	Degree, License or Certificate	Certification Number	Year Graduated
High School					
College/University					
Trade/Business/Other Including EMT					

LIST ANY PROFESSIONAL DESIGNATIONS _____

OTHER SPECIAL KNOWLEDGE, SKILLS, OR QUALIFICATIONS _____

DO YOU HAVE CURRENT MEDICAL COMMAND AUTHORIZATION IN THIS REGION? Yes No

GENERAL

HAVE YOU EVER VOLUNTEERED FOR AN EMS ORGANIZATION? Yes No IF SO, WHERE? _____ WHEN _____

DO YOU VOLUNTEER NOW? Yes No IF SO, WHERE _____

U.S. MILITARY SERVICE _____ PRESENT MEMBER NATIONAL GUARD OR RESERVES? Yes No

NOTE: WARWICK COMMUNITY AMBULANCE ASSOCIATION REQUIRES A CRIMINAL BACKGROUND CHECK, DRIVER INFORMATION CHECK AND PRE-EMPLOYMENT PHYSICAL, INCLUDING DRUG TESTING, PRIOR TO EMPLOYMENT.

FORMER EMPLOYERS (LIST LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU MOST LIKE ABOUT THIS JOB? _____

REFERENCES: (GIVE THE NAME OF THREE PERSON NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	PHONE	HOW ACQUAINTED	YEARS ACQUAINTED

IN CASE OF EMERGENCY NOTIFY _____ PHONE _____
 Name Address

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OUR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. "

DATE _____ PRINTED NAME _____ SIGNATURE _____

PLEASE SUBMIT COPIES OF CURRENT CERTIFICATIONS WITH THIS APPLICATION

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS _____

HIRED Yes No POSITION _____ IMMEDIATE SUPERVISOR _____

STARTING DATE _____ SHIFT/TIME _____ SALARY/WAGE _____