

HUNTER'S AMBULANCE SERVICE, INC.

Employment Application

Hunter's Ambulance Service, Inc. will consider applicants for all positions without regard to age, gender, race, color, national origin, religion, creed, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Date of Application _____

Name (Last, First, Middle)	Social Security #
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Please list any other names by which you have been known, of which we should be aware, to adequately verify identity, employment history or education:

ADDRESS INFORMATION

Address	Apt #	Phone Number	Alternate Phone Number
City	State	Zip Code	E-Mail

PREVIOUS ADDRESSES: During the last three years, beginning with the most recent

Address _____ Apt# _____ City _____ State _____ Zip Code _____

Address _____ Apt# _____ City _____ State _____ Zip Code _____

EMERGENCY CONTACT INFORMATION

Name (Last, First)	Relation
Address	Apt #
Phone Number	Alternate Phone Number
City	State
Zip Code	E-Mail

GENERAL INFORMATION

Position applied for: Public Service Driver Bus (CDL) Driver School Monitor

Office/Clerical Telecommunicator EMT / Paramedic Other: _____

Are you available to work: Full Time Part Time Either

How were you referred to us? _____ Date you can begin work: _____

Have you ever filed an application with us before? Yes No If yes, give date: _____

Have you ever been employed with us before? Yes No If yes, give date: _____

I am a Citizen of the United States or National of the U.S.,
an alien lawfully admitted for permanent residence, or otherwise
authorized to work in the U.S. Yes No

Note: Upon request, prior to employment, you must provide documentation establishing identity and authorization to work in the U.S.

FOR OFFICE USE ONLY

Emp. # _____ File # _____ D.O.H. _____ Dept. _____ PT _____ FT _____

SPECIAL SKILLS (computer software, data processing, equipment, etc.)**INTEREST**

Use this space to describe your interest in Hunter's Ambulance Service, Inc. and the skills and aptitudes that you feel qualify you for a position at the Company. If more space is needed, please continue on a separate sheet.

PROFESSIONAL CERTIFICATIONS

	Course	Certification #	Date of Course	Expiration Date	Location
1					
2					
3					
4					
5					

EDUCATION

	Institution Name	Address	Years Completed	Graduate Yes/No	Major/Type of Degree
High School/ GED					
College					
Graduate / Professional					
Technical / Trade or Other					

Are you attending School? Yes No # of Credit Hours: _____ Where? _____

DRIVER'S LICENSE INFORMATION

You must have a valid Connecticut Driver's License to drive for Hunter's Ambulance Service, Inc.

License #	State	Expiration Date
Class	Restrictions	Endorsements

Have you had your driver's license for at least 4 years? Yes No

	Driving violations (list all received in the past 3 years.)	Date	Disposition & Fine	Points
1				
2				
3				
4				
5				
Automobile Accidents:		Date	Location	
1				
2				
3				
4				
5				

U.S. MILITARY SERVICE

Yes No Branch _____ Induction Date _____ Discharge Date _____ Rank _____
 Specialty _____ Service Schools _____

PREVIOUS EMPLOYMENT

Start with your present or last job. Include any job-related Volunteer activities. You may exclude organizations that indicate race, color, national origin, disability, sexual orientation, or any other protected status.

1	Employer	Dates Employed		Job Title
		From	To	
	Address			Job Duties
	City, State, Zip			Supervisor
	Telephone#			Reason for Leaving
2	Employer	Dates Employed		Job Title
		From	To	
	Address			Job Duties
	City, State, Zip			Supervisor
	Telephone#			Reason for Leaving
3	Employer	Dates Employed		Job Title
		From	To	
	Address			Job Duties
	City, State, Zip			Supervisor
	Telephone#			Reason for Leaving
4	Employer	Dates Employed		Job Title
		From	To	
	Address			Job Duties
	City, State, Zip			Supervisor
	Telephone#			Reason for Leaving

Are there any employers that you DO NOT wish us to contact? _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No

If yes, please describe the circumstances: _____

PERSONAL REFERENCES

References must be filled out completely for employment consideration. Please do not include relatives or former supervisors.

	Name	Address (include city, state, zip)	Phone Number
1			
2			
3			

ACKNOWLEDGEMENT AND AUTHORIZATION (Please read before signing)

If you have any questions regarding this statement, please ask them to an employment interviewer before signing.

I certify that answers given herein are true, complete and accurate to the best of my knowledge and are made in good faith.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby authorize any person, educational institution, or company that I have listed in this application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Hunter's Ambulance Service, Inc., any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

This application for employment shall be considered active for a period of time not to exceed 180 days from date of submission. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Hunter's Ambulance Service, Inc.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I have read and understand the above:

Signature

Date