

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-B/IV/Medic 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.

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					
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			Supervisor
	City, State, Zip	Salary / Hourly Wage		Reason for Leaving
Telephone#	Starting	Final		
2	Employer	Dates Employed		Job Title
		From	To	
	Address			Supervisor
	City, State, Zip	Salary / Hourly Wage		Reason for Leaving
Telephone#	Starting	Final		
3	Employer	Dates Employed		Job Title
		From	To	
	Address			Supervisor
	City, State, Zip	Salary / Hourly Wage		Reason for Leaving
Telephone#	Starting	Final		
4	Employer	Dates Employed		Job Title
		From	To	
	Address			Supervisor
	City, State, Zip	Salary / Hourly Wage		Reason for Leaving
Telephone#	Starting	Final		

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

FOR OFFICE USE ONLY

Emp. # _____

File # _____

D.O.H. _____

Dept. _____

PT ____ FT ____

Hunter's Ambulance Service, Inc.

Application Instructions

Thank you for submitting an application for employment with Hunter's Ambulance Service, Inc. Please take a few moments to read our company history, along with the summaries of the positions we offer. Although we cannot guarantee any one position is available, we are happy to accept applications, which we will keep on file for a minimum of six (6) months.

In order to expedite the application process, it is important to fill out the form with as much information as possible. Be sure to sign the back of the application before submitting it for consideration. Failure to sign the application can delay the process significantly.

Enclosed in the application are two forms: a memorandum regarding our urinalysis drug test requirements and an EEO sheet. Please take a few moments to read both and complete accordingly.

Lastly, we ask that you provide us with the hours you are available for employment with Hunter's Ambulance Service, Inc. Providing this information will help us to make the best possible recommendation for placement in our organization. **We base Part Time applicant positions, on your availability to do weekend shifts. If you are hired, you will be placed on a weekend shift each week, per your weekend availability.**

Human Resource Department

Following is my current availability for work assignments:
(Use the shift hours as a guide for determining your availability)

Mark with either 'A' (available) or 'NA' (not available)

Shift	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Nights 11 PM – 8 AM							
Days 530 AM – 9 PM							
Evenings 2 PM – 12 AM							

Note: Full time applicants (EMS only) need to provide more than a five(5) shift availability.

Part time applicants: please indicate the maximum number of shifts you would like to work each week, based on your availability. _____

Applicant Signature

Date

Understand that an offer of employment will be made based upon the information given above. Should this information change prior to date of hire, Hunter's Ambulance reserves the right to rescind the offer of employment.

Upon Hire:

Please confirm with your signature that the above stated still holds true for your employment with Hunter's Ambulance.

Employee Signature

Date

IMPORTANT INFORMATION FOR ALL EMPLOYMENT APPLICANTS

To enable Hunter's to meet government reporting regulations and to maintain an Affirmative Action Plan; employment applicants are requested to complete this personal data sheet.

THE INFORMATION YOU PROVIDE WILL BE USED FOR GOVERNMENT REPORTING PURPOSES AND WILL BE DETACHED AND KEPT SEPARATE FROM YOUR JOB APPLICATION. This information will not be used as selection criteria and will be treated as personal and confidential. Your decision or refusal to provide the requested information will not subject you to any adverse treatment. Your voluntary cooperation will be appreciated.

NAME: _____
Last First Initial

DATE: _____ MALE: _____ FEMALE: _____

If any of these definitions apply to you, please check the appropriate box to be considered under our Affirmative Action Plan:

ETHNIC CATEGORY (Choose one):

- White
- Black
- Asian or Pacific Islander
- Native American Indian or Alaskan Native
- Hispanic
- Other _____

DISABLED APPLICANT (check those that apply):

I AM A QUALIFIED APPLICANT WITH A DISABILITY who 1) has a physical or mental impairment which substantially limits one or more major life activities, or 2) has a record of such impairment, or 3) is regarded as having such impairment, and 4) is capable (qualified) of performing a particular job with reasonable accommodation to my disability.

VETERAN APPLICANT – Pursuant to the regulations promulgated under Section 2012 of Title 38 U.S.C., we are requesting the following information so that we may monitor statistics and submit a statistical report to the U.S. Government.

I AM A "SPECIAL DISABLED VETERAN" I qualify as a "Special Disabled Veteran" because I am a veteran who is entitled to compensation (or who, but for receipt of military retirement pay, would be entitled to compensation) under laws administered by the Veterans Administration for a disability:

- 1) Which is rated at 30 percent or more, or 2) Which is rated at 10 or 20 percent, but it has been determined, under Section 1506 of Title 38, U.S.C., that I have a "serious employment handicap" or 3) Which is service connected and caused me to be released from active duty.

VIETNAM ERA VETERAN APPLICANT:

I qualify as a veteran of the Vietnam Era because I am a person who served more that 180 days of active military, naval, or air service, any part of which was during the period of August 5, 1964 through May 7, 1975 and who was:

- 1) Discharged or released therefrom with other than a dishonorable discharge or
- 2) Discharged or released from active duty because of service connected disability.

MEMORANDUM

TO: ALL PROSPECTIVE APPLICANTS FOR EMPLOYMENT AT HUNTER'S
AMBULANCE SERVICE, INC.

FROM: HUMAN RESOURCES DEPARTMENT

All applicants for employment at all divisions of Hunter's Ambulance Service, Inc., are hereby advised that our employment policy requires all employment applicants, as part of their pre-employment physical, undergo a urinalysis drug test.

I understand that consuming large amounts of water prior to the urinalysis drug test may result in a "dilute" test. I have been advised to limit water consumption within a 24-hour period prior to the scheduled test. I further understand that I may be held responsible for the cost of a second urinalysis drug test if the results of the first test are "dilute" and it is determined that the "dilute" result is not a result of the lab.

I, _____ have read this memorandum and understand it.
Applicant

Applicant's Signature

Date