

# IRONBOUND AMBULANCE SQUAD EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE												
PLEASE COMPLETE PAGES 1-5.				Date:								
Name:												
Last	First	Middle	Maiden									
Present Address:												
Number	Street	City	State	Zip								
Telephone:												
Home:			Cell:									
Position Applied For:		Days/Hours Available to Work: (circle available times)										
Salary Desired:		<table style="width: 100%; border: none;"> <tr> <td style="padding: 2px 5px;">No Pref. _____</td> <td style="padding: 2px 5px;">THUR 6a-6p or 6p-6a</td> </tr> <tr> <td style="padding: 2px 5px;">MON 6a-6p or 6p-6a</td> <td style="padding: 2px 5px;">FRI 6a-6p or 6p-6a</td> </tr> <tr> <td style="padding: 2px 5px;">TUE 6a-6p or 6p-6a</td> <td style="padding: 2px 5px;">SAT 6a-6p or 6p-6a</td> </tr> <tr> <td style="padding: 2px 5px;">WED 6a-6p or 6p-6a</td> <td style="padding: 2px 5px;">SUN 6a-6p or 6p-6a</td> </tr> </table>			No Pref. _____	THUR 6a-6p or 6p-6a	MON 6a-6p or 6p-6a	FRI 6a-6p or 6p-6a	TUE 6a-6p or 6p-6a	SAT 6a-6p or 6p-6a	WED 6a-6p or 6p-6a	SUN 6a-6p or 6p-6a
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TUE 6a-6p or 6p-6a	SAT 6a-6p or 6p-6a											
WED 6a-6p or 6p-6a	SUN 6a-6p or 6p-6a											
How many hours can you work weekly?			Can you work nights? Yes <input type="checkbox"/> No <input type="checkbox"/>									
			Can you work holidays? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Employment Desired:												
<input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> PER DIEM ONLY												
When available for work?												
EDUCATION & OTHER INFORMATION												
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE								
High School												
College												
Bus. or Trade School												
Professional School												

Have you ever been convicted of a crime?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.			
Do you have a driver's license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your means of transportation to work?			
Driver's License Number:	State of issue:	<input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur	
Expiration Date:			
Have you had any accidents during the past three years?		How Many?	
Have you had any moving violations during the past three years?		How Many?	
<b>Please list two references other than relatives or previous employers.</b>			
Name:		Name:	
Position:		Position:	
Company:		Company:	
Address:		Address:	
Telephone:		Telephone:	
<b>An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.</b>			
<b>MILITARY</b>			
Have you ever been in the armed forces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you now a member of the national guard?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialty	Date Entered	Discharge Date	

<b>Work Experience</b>	Please list your work experience for the <b>past five years</b> beginning with your most recent job held. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b>		
<b>Job One</b>			
<b>Name of Employer:</b>	<b>Name of Last Supervisor</b>	<b>Employment Dates</b>	<b>Salary</b>
<b>Complete Address:</b>		<b>From:</b>	<b>Start:</b>
		<b>To:</b>	<b>Final:</b>
<b>Phone Number:</b>	<b>Your Last Job Title:</b>		
<b>Reason for Leaving (be specific):</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			
<b>Job Two</b>			
<b>Name of Employer:</b>	<b>Name of Last Supervisor:</b>	<b>Employment Dates</b>	<b>Salary</b>
<b>Complete Address:</b>		<b>From:</b>	<b>Start:</b>
		<b>To:</b>	<b>Final:</b>
<b>Phone Number:</b>	<b>Your Last Job Title:</b>		
<b>Reason for Leaving (be specific):</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			
<b>Please list the following certifications.</b>			
<b>Emergency Medical Technician (EMT) Yes <input type="checkbox"/> No <input type="checkbox"/> ID#</b>		<b>Exp. Date:</b>	<b>Experience:</b> Years <input type="text"/> Months <input type="text"/>
<b>Cardiopulmonary Resuscitation (CPR) Yes <input type="checkbox"/> No <input type="checkbox"/></b>		<b>Expiration Date:</b>	
<b>Hazardous Materials</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Incident Command System (ICS) (NIMS) Yes <input type="checkbox"/> No <input type="checkbox"/></b>			
<b>Weapons of Mass Destruction (WMD) Yes <input type="checkbox"/> No <input type="checkbox"/></b>			
<b>List all other pertinent certifications:</b>			

Job Three			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you complete this application yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who did?			

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Ironbound Ambulance Squad (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, standard operating procedures, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Ironbound Ambulance Squad, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and Ironbound Ambulance Squad may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as random testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that (1) the Company has a pre-employment background check policy; (2) consent to and compliance with such policy is a condition of my employment. I further understand that employment will be based on the successful passing of the background check.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of one hundred eighty (180) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

**Signature of Applicant:**

**Date:**

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**Thank you for completing this application form and for your interest in our business.**

