

Application for Employment

Tri-Township Ambulance is an equal opportunity employer and considers all applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, weight, height, disability, political belief, military service, sexual orientation or any other protected class.

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Other Phone: _____

Are you at least 18 years of age? YES NO Date Available to Start: _____

Hours Requested (please circle) Full Time Part Time

How did you find out about this position? _____

Do you have any relatives or friends employed here? _____

Please list: _____

POSITION INFORMATION

Position(s) Applying For: _____

Have you ever worked/volunteered for this organization? _____

If so, date(s) _____ Prior position(s) here: _____

Reason(s) for leaving: _____

CERTIFICATION INFORMATION
 (List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
State of Michigan EMS license			
National Registry			
PALS			
ACLS			
PHTLS			
CCEMT-P			
PNCCEMT-P			
I/C			

WORK REQUIREMENTS AND GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO Class: _____

Issued by what State? _____ Driver's License #: _____

List all moving violations (convictions) and accidents and any suspensions or revocations of your driver's license in the last five years: _____

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, or had your driver's or EMS license revoked or suspended? YES NO

If yes, explain: _____

A conviction will not necessarily disqualify you from employment.

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain: _____

EMPLOYMENT HISTORY

(List your last three employers or volunteer activities, starting with the most recent.)

I.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____

Reason for leaving: _____

II.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____

Reason for leaving: _____

III.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____

Reason for leaving: _____

Explain any gaps in employment: _____

MILITARY:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

PAST EMPLOYMENT

Have you ever been:

- | | | |
|--|-----|----|
| Disciplined or terminated for reckless driving? | YES | NO |
| Placed on probation or terminated for excessive absenteeism? | YES | NO |
| Disciplined or fired for insubordination? | YES | NO |
| Disciplined or fired for violation of safety rules? | YES | NO |
| Disciplined or fired for assault or fighting? | YES | NO |
| Disciplined or fired for harassment? | YES | NO |
| Disciplined or fired for patient abuse? | YES | NO |
| Disciplined or fired for alcohol or drug related activity at work? | YES | NO |

If you answered yes to any question above, please explain: _____

Answers of Yes for any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest grade completed: _____

Have you received your GED? YES NO

COLLEGE:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest year completed: _____

Degree: _____ Major: _____

OTHER COLLEGE:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Degree: _____

Major: _____

TECHNICAL SCHOOL:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Certificate: _____

License: _____

Expires: _____

Expires: _____

OTHER SCHOOL/TRAINING:

Name: _____

Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest year completed: _____

Certificate: _____

License: _____

Expires: _____

Expires: _____

OTHER: _____

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

REFERENCES

List **three** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

List **two** personal references that have known you for at least three years outside work.

Name: _____ Address: _____
How they know you: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
How they know you: _____
Years Known: _____
Telephone Number (including area code): _____

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or Tri-Township Ambulance is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by Tri-Township Ambulance as a condition of my employment, and I hereby give my consent to the release of all information which Tri-Township Ambulance deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from Tri-Township Ambulance.

I hereby authorize Tri-Township Ambulance to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child/elder abuse clearance check, and other such inquiries. I release Tri-Township Ambulance and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with Tri-Township Ambulance shall be terminated.

Applicant's Signature: _____

Date: _____

Printed Name: _____