# Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Social Security # ___ - ___ - ___

Address _____

Telephone # _____ Mobile/Beeper/Other Phone # _____ E-mail Address _____

Position(s) applied for _____ Date of application _____

**Referral Source** (Please check the appropriate category and name the source.)

- ☐ Walk-in _____
- ☐ Employee _____
- ☐ Advertisement _____
- ☐ Company's Website _____
- ☐ Other Internet _____
- ☐ School _____
- ☐ Job Fair _____
- ☐ Staffing Agency _____
- ☐ Government Employment Agency _____
- ☐ Other _____

If necessary, best time to call you at home is..... ____ : ____ AM PM

May we contact you at work? ..... ☐ Yes ☐ No

If **yes**, work number and best time to call:

( ) _____ ____ : ____ AM PM

If you are under 18 and it is required, can you furnish a work permit? ..... ☐ Yes ☐ No

If **no**, please explain _____

Have you submitted an application here before?..... ☐ Yes ☐ No

If **yes**, give date(s) and position(s) _____

_____

Have you ever been employed here before? ..... ☐ Yes ☐ No

If **yes**, give dates From ___/___/___ To ___/___/___

Are you legally eligible for employment in this country? ..... ☐ Yes ☐ No

Date available for work ..... ___/___/___

What is your desired salary range or hourly rate of pay?

$ _____ Per _____

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ..... ☐ Yes ☐ No

Will you travel if job requires it? ..... ☐ Yes ☐ No

If they have been explained to you, are you able to meet the attendance requirements of the position?..... ☐ N/A ☐ Yes ☐ No

Will you work overtime if required? ..... ☐ Yes ☐ No

If **no**, please explain _____

_____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

- ☐ Yes
- ☐ No
- ☐ Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

_____ State _____

Have you ever been bonded? ..... ☐ Yes ☐ No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ..... ☐ Yes ☐ No

If **yes**, please provide date(s) and details _____

_____

_____

_____

_____

## Employment History

Starting with your most recent employer, provide the following information.

Employer | Telephone # ( )

Street address | City | State

Starting job title/final job title

Immediate supervisor and title (for most recent position held)

May we contact for reference? ☐ Yes ☐ No ☐ Later

Why did you leave?

Dates employed: Month / Year to Month / Year

**Compensation (Starting)**

☐ Hourly ☐ Salary $ per

Commission/Bonus/Other Compensation $

**Compensation (Final)**

☐ Hourly ☐ Salary $ per

Commission/Bonus/Other Compensation $

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

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## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

_____

_____

_____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... ☐ Yes ☐ No

If **yes**, please explain _____

_____

_____

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

_____

_____

_____

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

☐ Word Processing _____ Years: _____ ☐ Internet _____ Years: _____

☐ Spreadsheet _____ Years: _____ ☐ Other _____ Years: _____

☐ Presentation _____ Years: _____ ☐ Other _____ Years: _____

☐ E-mail _____ Years: _____ ☐ Other _____ Years: _____

## Educational Background

Starting with your most recent school attended, provide the following information.

| School (include City & State) | Years Completed | Completed | GPA Class Rank | Major/Minor |
|---|---|---|---|---|
| | | ☐ Diploma ☐ GED<br>☐ Degree _____<br>☐ Certification _____<br>☐ Other _____ | | |
| | | ☐ Diploma ☐ GED<br>☐ Degree _____<br>☐ Certification _____<br>☐ Other _____ | | |
| | | ☐ Diploma ☐ GED<br>☐ Degree _____<br>☐ Certification _____<br>☐ Other _____ | | |
| | | ☐ Diploma ☐ GED<br>☐ Degree _____<br>☐ Certification _____<br>☐ Other _____ | | |

## References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors.
If not applicable, list three school or personal references who are *not* related to you.

| Name | Title | Relationship to You | Telephone | Number of Years Known |
|---|---|---|---|---|
| | | | ( ) | |
| | | | ( ) | |
| | | | ( ) | |

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

| Organization | Offices Held |
|---|---|
| | |
| | |
| | |
| | |

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

_____

_____

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

☐ Yes ☐ No ☐ Not Applicable

If **yes**, please explain: _____

_____

Is there any other job-related information you want us to know about you? _____

_____

_____

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant** _____ **Date** ___/___/___



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ATTORNEY DEVELOPED

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# MOTOR VEHICLE RECORD CHECK AUTHORIZATION FORM

**FULL NAME:** _____
**(PRINT AS SHOWN ON YOUR DRIVERS LICENSE)**

**SOCIAL SECURITY NUMBER:** _____

**DATE OF BIRTH:** _____

**I hereby authorize the Dexter Police Department and/or Stoddard County Sherrif's Department to secure my motor vehicle record and release the information to Stoddard County Ambulance District. I understand this is a one time release only.**

**SIGNED:**_____

**DATE:**_____

# STODDARD COUNTY AMBULANCE DISTRICT

## DRUG TEST AUTHORIZATION PERMISSION FORM

I,_____, acknowledge that I have been advised that I may be required to submit to a drug screen test as part of the Drug And Alcohol Abuse policy of Stoddard County Ambulance District such drug test may be a requirement of the company's pre-employment background check program or part of the company's random drug testing program. I further understand that the Drug And Alcohol Abuse policy prohibits the presence of illicit substances in the systems of its employees while on the job. A confirmed positive test is a violation of this policy. Additionally, a refusal to test, failure to submit adequate urine for test, or adulterated sample, constitutes a positive test.

I further understand that this analysis will be conducted by a certified laboratory with all data to be held in confidence except as otherwise necessary to carry out the terms and objectives of this policy.

I understand that it is my responsibility prior to the drug testing to inform the laboratory and/or Stoddard County Ambulance District of any medication, prescribed or non-prescribed, that I may be taking and/or have taken within the last 60 days prior to the testing.

I consent to the release of the results of any drug test to authorized representatives of Stoddard County Ambulance District for appropriate review. I release Stoddard County Ambulance District, its affiliates, Officers, employees and any person affiliated with the testing from any claims, losses, damages or other liabilities due to any acts, omissions or negligence arising from or related to such testing.

I acknowledge that the Drug and Alcohol Policy of Stoddard County Ambulance District is to have a drug free environment. I consent freely and voluntarily to a drug test under the circumstances described above along with all the terms and conditions of the Drug and Alcohol Policy. I also understand that although I may not agree with the Drug and Alcohol Policy of Stoddard County Ambulance District, failure to acknowledge the policy with my signature below may prohibit my employment with Stoddard County Ambulance District. A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

_____ _____ _____

Signature Date Time

_____

Social Security Number