|  |  |  |
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|  | Regional Ambulance Service275 Stratton Road**Rutland, VT 05701****(802) 773-1746****(802) 773-1717 fax****Created by Art Howard.** |  |

## Application For Employment

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| We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. **Created by Art Howard.** |

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| Position applied for: **Created by Art Howard.**       | Date of application:      |
| How did you learn about us?[ ]  Advertisement[ ]  Employment Agency | [ ]  Relative[ ]  Friend | [ ]  Inquiry[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| Name: **Created by Art Howard.**Last:       First:       Middle:       |
| Address: **Created by Art Howard.**      City:       State:    Zip:       |
| Telephone Number: **Created by Art Howard.**Home: (     )     -      Mobile: (     )     -      Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: (     )     -       | Social Security Number    -    -      |

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| --- | --- |
| Best time to contact you at home is: **Created by Art Howard.** |    :   [ ] am [ ] pm |
| If you are less than 18 years of age, can you provide required proof of your eligibility to work? | [ ]  Yes [ ]  No [ ]  N/A |
| 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:       |
| Are any of your friends or relatives, other than your spouse, employed here? **Created by Art Howard.** | [ ]  Yes [ ]  No |
| Are you currently employed? **Created by Art Howard.** | [ ]  Yes [ ]  No |
| May we contact your present employer? **Created by Art Howard.** | [ ]  Yes [ ]  No |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? | [ ]  Yes [ ]  No |
| ***Proof of citizenship or immigration status will be required upon employment.*** |
| Date available for employment:       | What is your desired salary range?       |
| What shifts are you available to work? ————→(check all that apply) | [ ]  Full-Time[ ]  Part-Time Please indicate: [ ]  Day Shifts [ ]  Night Shifts [ ]  Weekends[ ]  Temporary Employment Beginning on:       and ending on      . |
| Are you currently on "lay-off" status and subject to recall? **Created by Art Howard.** | [ ]  Yes [ ]  No |
| Can you travel to Canada if required? **Created by Art Howard.** | [ ]  Yes [ ]  No |
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|  |
| Regional Ambulance Service is an equal opportunity employer. |

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| **Education** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Created by Art Howard.** | Name and Addressof School | Course ofStudy | YearsCompleted | DiplomaDegree |
| ElementarySchool |                      |       | 4 |       |
| HighSchool |                      |       | 4 |       |
| UndergraduateCollege |                      |       | 1 |       |
| GraduateProfessional |                      |       |       |       |
| Other(Specify) |                      |       |       |       |

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| Describe any specialized training, apprenticeships, skills and extra-curricular activities. |
|       |

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| Describe any job-related training received in the United States Military. |
|       |

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| **Employment Experience** |

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| Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. **Created by Art Howard.** |

**1. Created by Art Howard.**

|  |  |  |
| --- | --- | --- |
| Employer:       | Dates Employed | Duties Performed |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:      ,             | From | To |       |
| Telephone Number(s): Home: (     )     -      Mobile: (     )     -      |    **/**    |    **/**    |
| Job Title:       | Supervisor:       | Hourly Rate |
| Reason for leaving:       | Starting | Final |
|      /hr |      /hr |

**2. Created by Art Howard.**

|  |  |  |
| --- | --- | --- |
| Employer:       | Dates Employed | Duties Performed |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:      ,       \_\_\_\_\_\_\_\_\_\_ | From | To |       |
| Telephone Number(s): Home: (     )     -      Mobile: (     )     -      |    **/**    |    **/**    |
| Job Title:       | Supervisor:       | Hourly Rate |
| Reason for leaving:       | Starting | Final |
|      /hr |      /hr |

**3. Created by Art Howard.**

|  |  |  |
| --- | --- | --- |
| Employer:       | Dates Employed | Duties Performed |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:      ,       \_\_\_\_\_\_\_\_\_\_ | From | To |       |
| Telephone Number(s): Home: (     )     -      Mobile: (     )     -      |    **/**    |    **/**    |
| Job Title:       | Supervisor:       | Hourly Rate |
| Reason for leaving:       | Starting | Final |
|      /hr |      /hr |

**4. Created by Art Howard.**

|  |  |  |
| --- | --- | --- |
| Employer:       | Dates Employed | Duties Performed |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:      ,       \_\_\_\_\_\_\_\_\_\_ | From | To |       |
| Telephone Number(s): Home: (     )     -      Mobile: (     )     -      |    **/**   |    **/**    |
| Job Title:       | Supervisor:       | Hourly Rate |
| Reason for leaving:       | Starting | Final |
|      /hr |      /hr |

**5. Created by Art Howard.**

|  |  |  |
| --- | --- | --- |
| Employer:       | Dates Employed | Duties Performed |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ | From | To |       |
| Telephone Number(s): Home: (     )     -      Mobile: (     )     -      |    **/**    |    **/**    |
| Job Title:       | Supervisor:       | Hourly Rate |
| Reason for leaving:       | Starting | Final |
|      /hr |      /hr |

**Created by Art Howard.**

***If you need additional space, please continue on page 7.***

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| **Additional Information Created by Art Howard.** |

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| **Other Qualifications:** Summarize special job-related skills and qualifications acquired from employment or other experience. |
|       |

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| **Specialized Skills (Check Skills / Equipment Operated)** |
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| [ ]  Computer Use | [ ]  Spreadsheets | Other:1.      2.      3.       |
| [ ]  Insurance Billing | [ ] Word Processing \_\_\_ WPM |

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| **State any additional information you feel may be helpful to us in considering your application.** |
|       |

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| List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:* |
| 1.      2.      3.       |

**Created by Art Howard.**

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| **Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the position for which you have applied? A review of the activities involved in such a job or occupation has been given. [ ]  Yes [ ]  No |

**Created by Art Howard.**

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| **EMS Experience Created by Art Howard.** |

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| **Please fill in the expiration date of your current certification as well as the course location and instructor.** |
|  | **Expiration Date** | **Course Location** | **Instructor** |
| CPR Instructor Cert [ ]  |       |       |       |
| **EMT** |       |       |       |
| **EMT-I** |       |       |       |
| **EMT-D** |       |       |       |
| **EMT-P** |       |       |       |
| **HAZMAT - Awareness** |       |       |       |
| **HAZMAT - Operations** |       |       |       |
| **NIMS – IS 100** |       |       |       |
| **NIMS – IS 200** |       |       |       |
| **NIMS – IS 700** |       |       |       |
| **ACLS** Instructor Cert [ ]  |       |       |       |
| **PALS** Instructor Cert [ ]  |       |       |       |
| **PEPP** Instructor Cert [ ]  |       |       |       |
| **PHTLS** Instructor Cert [ ]  |       |       |       |
| **BTLS** Instructor Cert [ ]  |       |       |       |
| **EVOC** Instructor Cert [ ]  |       |       |       |
|  |
| **Summarize any other EMS related skills and qualifications acquired from other courses taken or other employment.** |
|       |

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| **References: Created by Art Howard.** |

**Please include at least 2 professional references.**

**1.**

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| --- |
| [ ]  Professional Reference [ ]  Personal Reference |
| Name:       Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:      , State:      Zip:       |
| Telephone Number(s): Home: (     )     -      Mobile: (     )     -      |

**2.**

|  |
| --- |
| [ ]  Professional Reference [ ]  Personal Reference |
| Name:       Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:      , State:      Zip:       |
| Telephone Number(s): Home: (     )     -      Mobile: (     )     -      |

**3.**

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| --- |
| [ ]  Professional Reference [ ]  Personal Reference |
| Name:       Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:      , State:      Zip:       |
| Telephone Number(s): Home: (     )     -      Mobile: (     )     -      |

**4.**

|  |
| --- |
| [ ]  Professional Reference [ ]  Personal Reference |
| Name:       Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:      , State:      Zip: \_\_\_\_\_\_\_\_\_\_ |
| Telephone Number(s): Home: (     )     -      Mobile: (     )     -      |

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| **Applicant’s Statement Created by Art Howard.** |
|  I certify that answers given herein are true and complete. **Created by Art Howard.**I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. **Created by Art Howard.**This application for employment shall be considered active for a period of time not to exceed 45 days. 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 an authorized executive of this organization specifically acknowledges such change in writing. **Created by Art Howard.**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. **Created by Art Howard.**  Signature of Applicant Today’s Date**Created by Art Howard.** |
|  |
| **Created by Art Howard.** |
| **For Department Use Only.** |
| Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position Application Is For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position Applied For Is Open: [ ]  Yes [ ]  NoArrange Interview: [ ]  Yes [ ]  NoRemarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant was hired: [ ]  Yes [ ]  No Hired on what date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hired By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name & Title |

**Created by Art Howard.**

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| **Additional Information** (Please include any additional information here.) **Created by Art Howard.** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Created by Art Howard.**