



Central Lincoln County Ambulance Service Inc. Application for Employment

Central Lincoln County Ambulance Service is an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: _____ **Date:** _____

Address: _____ **Telephone:** _____

_____ **Social Security:** _____

Email: _____ **Maine EMS License #:** _____

Driver's License #: _____ **Driver's License State:** _____

Type of employment desired: Full-time Part-time

Date you will be available to start work: _____

Are you able to provide availability for 2 or more shifts a month? Yes No

Do you have any objection to working overtime if necessary? Yes No

Have you ever been previously employed by our organization? Yes No

Can you submit proof of legal employment authorization and identity? Yes No

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

Have you ever been convicted of a crime? Yes No

If yes, please explain (a conviction will not automatically bar employment):

How were you referred to us?

Job Posting Social Media Friend/Family Other: _____

Disability: Do you have any disability which you believe would interfere with your ability to perform the job you are applying for in a reasonable manner? Yes No

If yes, please explain:

Employment History:

Employer: _____

Position held: _____

Address: _____

Telephone #: _____

Immediate Supervisor: _____

Supervisor Title: _____

Dates employed: Start: _____ **End:** _____

Salary: Start: _____ **End:** _____

Job summary:

Reason for leaving:

Employer: _____

Position held: _____

Address: _____

Telephone #: _____

Immediate Supervisor: _____

Supervisor Title: _____

Dates employed: Start: _____ **End:** _____

Salary: Start: _____ **End:** _____

Job summary:

Reason for leaving:

Employment History con't:

Employer: _____

Position held: _____

Address: _____

Telephone #: _____

Immediate Supervisor: _____

Supervisor Title: _____

Dates employed: Start: _____ **End:** _____

Salary: Start: _____ **End:** _____

Job summary:

Reason for leaving:

Employer: _____

Position held: _____

Address: _____

Telephone #: _____

Immediate Supervisor: _____

Supervisor Title: _____

Dates employed: Start: _____ **End:** _____

Salary: Start: _____ **End:** _____

Job summary:

Reason for leaving:

Educational History

School:	School Name:	Course of Study:	Years Completed:	Diploma/Degree
High School				
Undergraduate				
Graduate/Professional				
Other				

References

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

Reference 1:

Name: _____

Relation: _____

Address: _____

Telephone: _____

Years Known: _____

Email: _____

Reference 2:

Name: _____

Relation: _____

Address: _____

Telephone: _____

Years Known: _____

Email: _____

Reference 3:

Name: _____

Relation: _____

Address: _____

Telephone: _____

Years Known: _____

Email: _____

I hereby authorize Central Lincoln County Ambulance Service to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Central Lincoln County Ambulance Service and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Central Lincoln County Ambulance Service can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of Central Lincoln County Ambulance Service not to refuse employment, or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ **Date:** _____

Applicant Name (printed): _____