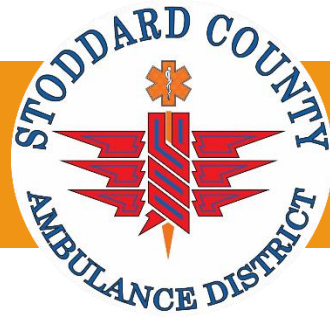


# APPLICATION FOR EMPLOYMENT



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: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ ALTERNATIVE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

**REFERRAL SOURCE** (PLEASE FILL IN THE APPROPRIATE BOX WITH THE NAME OF SOURCE)

<u>EMPLOYEE:</u>	<u>ADVERTISEMENT:</u>
<u>SOCIAL MEDIA:</u>	<u>STODDARD COUNTY AMBULANCE WEBSITE:</u>

**CHECK THE APPROPRIATE BOXES BELOW:**

If you are under 18 and it is required, can you furnish a work permit?  YES  NO

If no, please explain \_\_\_\_\_

Have you ever been employed here before?  YES  NO

If yes, give dates from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

If hired, can you present evidence of your identity and legal right to work in this country?  YES  NO

Date available to start work \_\_\_/\_\_\_/\_\_\_



## 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. Is there any other job-related information you want us to know about you? Explain below:

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## EDUCATION BACKGROUND

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

SCHOOL (Include City & State):	YEARS COMPLETED:	LEVEL COMPLETED:

## REFERENCES

NAME:	TITLE:	RELATIONSHIP:	TELEPHONE:	NUMBER OF YEARS KNOWN:

## EMPLOYMENT HISTORY

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

NAME OF EMPLOYER		SUPERVISOR	MAY WE CONTACT?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS			
PHONE NUMBER		DATES EMPLOYED (MONTH/YEAR)	
		FROM _____ TO _____	
JOB TITLE AND DUTIES		REASON FOR LEAVING	
NAME OF EMPLOYER		SUPERVISOR	MAY WE CONTACT?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS			
PHONE NUMBER		DATES EMPLOYED (MONTH/YEAR)	
		FROM _____ TO _____	
JOB TITLE AND DUTIES		REASON FOR LEAVING	
NAME OF EMPLOYER		SUPERVISOR	MAY WE CONTACT?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS			
PHONE NUMBER		DATES EMPLOYED (MONTH/YEAR)	
		FROM _____ TO _____	
JOB TITLE AND DUTIES		REASON FOR LEAVING	

## 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 verify the accuracy of all information proved by me in this application, resume 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 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 \_\_\_/\_\_\_/\_\_\_\_\_