

MANHEIM TOWNSHIP AMBULANCE ASSOCIATION

An Equal Opportunity Employer

Employment Application

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address			Apartment/Unit #		
City		State		ZIP	
Phone		E-mail Address			
Date Available to start:		Social Security No:		Desired Salary:	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you 21 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been employed here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Ever been discharged or ask to resign?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
POSITION DESIRED					
EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Clerical <input type="checkbox"/> Other <input type="checkbox"/>			Certificates Attached?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per-Diem <input type="checkbox"/>		Prior Ambulance Experience? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Please check those that apply? CPR <input type="checkbox"/> Current EMT/Paramedic <input type="checkbox"/> EVOC <input type="checkbox"/> Haz-Mat (16 hr) <input type="checkbox"/>					
EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES					
<i>Please list three professional references.</i>					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					

PREVIOUS EMPLOYMENT

Company _____ Phone () _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO **MILITARY SERVICE**

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain _____

DISCLAIMER AND SIGNATURE**I certify that my answers are true and complete to the best of my knowledge.****If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.**

Signature _____ Date _____

Interviewed? YES NO Accepted? YES NO Start Date _____

