

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"/> EVOG <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 <input type="checkbox"/>	NO <input type="checkbox"/>		
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 <input type="checkbox"/>	NO <input type="checkbox"/>		
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 <input type="checkbox"/>	NO <input type="checkbox"/>		
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 <input type="checkbox"/>	NO <input type="checkbox"/>	Accepted?	YES <input type="checkbox"/>
			NO <input type="checkbox"/>	Start Date