

# Waterford Ambulance Service, Incorporated Employment Application

Position (s) Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

## Applicant Information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:  Email: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Have you ever filled out an application with this company before?  Yes  No

If yes, when? \_\_\_\_\_

Have you ever worked for this company before?  Yes  No

If yes, when? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

Are you now legally allowed to work in the United States?  Yes  No

Date available to start: \_\_\_\_\_

Do you have a valid driver's license?:  Yes  No

If yes, Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Are there any restrictions on your ability to operate a motor vehicle?  Yes  No

Do you have a valid Connecticut Commercial Driver's License?  Yes  No

Have you ever pled "guilty" , "no contest" or been convicted of a crime?  Yes  No

If yes, give dates and details, including city, county and state of conviction: \_\_\_\_\_

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*Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness, and nature of violation, rehabilitation, and position applied for will be considered.*

Applicant name: \_\_\_\_\_

**Specialized Job Requirements:**

Do you currently hold any specialized licenses or certifications?       Yes    No

If yes, please specify:

Title: \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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Title: \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Education:**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

# of years completed: \_\_\_\_\_ Did you graduate?    Yes    No

College/University: \_\_\_\_\_ Address: \_\_\_\_\_

# of years completed: \_\_\_\_\_ Did you graduate?    Yes    No   Degree: \_\_\_\_\_

**Summerize your special skills or qualification:**

*(You may attach your Resume in lieu of filling out this section, but the Resume must contain a summary of skills and/or qualification.)*

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**Copies of any certifications ( CPR, EMT, EMR, etc.) CT Driver’s License, NIMS Certifications (IS 100 & 700), Driving History and CT Background Check must be included with application.**

Applicant name: \_\_\_\_\_

## Previous Employment

(Start with your present or last jobs; include any job-related military service assignments and volunteer activities. Attach additional sheets if necessary. You may attach your Resume in lieu of filling out this section):

**No applicant will be considered until all information requested below has been provided.**

Date of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

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Date of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

## References:

*Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## Applicant's Statement

The information that I have provided on this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of any fact or circumstance in my application, resume, or any other materials I have completed or submitted or made during any of my interviews may be justification for refusal of employment or if employed, termination of employment. Any offer of employment I may receive is contingent upon my successful completion of the total pre-employment screening process, including your receipt of references which you consider satisfactory and my satisfactory completion of any pre-employment physical examination which you may require.

**In processing my application for employment, I authorize Waterford Ambulance Service, Inc. to verify all the information provided by me and obtain a consumer or investigative consumer report concerning, among other things, current and prior employment, credit history, driving record, military record, education, character, general reputation, personal characteristics and criminal record. I understand that a report may be based on telephone or personal interviews with my present and former employers and others. I understand that I have the right to make a written request to Waterford Ambulance Service, Inc. to verify all the information provided by me and obtain a consumer or investigative consumer report concerning, Waterford Ambulance Service, Inc. as to whether a consumer report or an investigative consumer report was procured and to request a complete and accurate disclosure of the nature and scope of the report.**

I authorize and request all of my present and former employers to furnish information about my employment record, including the reason(s) and circumstance(s) for my termination of my employment, work performance, qualifications, abilities and other qualities pertinent to my qualifications for my employment, including character, general reputation and personal characteristics. I hereby release employers, schools or persons from all liability when responding to inquires in connection with my application.

I understand that employment at Waterford Ambulance Service, Inc. is "at will" and that if I am hired my employment and compensation can be terminated with cause or notice, at any time, at the option of either Waterford Ambulance Service, Inc. or myself. I further understand it can be terminated with cause due to failure to; follow Waterford Ambulance Service policy, procedure, directives, or written/verbal directions.

I will keep current with Waterford Ambulance Service my; primary EMS district, address, EMS/PowerDMS email address, contact phone number, and licensure.

**I HAVE READ AND UNDERSTAND THE ABOVE,**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Human Resource Use Only

Arrange Interview     Yes     No

Remarks: \_\_\_\_\_

Interviewers: \_\_\_\_\_ Date \_\_\_\_\_

Employed     Yes     No    Date of Employment \_\_\_\_\_

Interviewers Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

Please Mail to: Waterford Ambulance Service, Inc. c/o Secretary, P.O Box 137, Waterford, CT, 06385

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