

APPLICATION FOR EMPLOYMENT

Waynesboro Ambulance Squad, INC.
603 West Main Street
Waynesboro, PA 17268
(717)762-5338
was2a-operations@comcast.net

(Please Print Legibly)

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS *Number*

Street

City

State

Zip Code

TELEPHONE NUMBERS *Home and Cell if applicable*

SOCIAL SECURITY NUMBER (VOLUNTARY)

Are you 18 years of age or older? YES NO

Best time to contact you is? _____

Have you ever filed an application with us before? YES NO

If yes, give date _____

Have you ever been employed with us before? YES NO

If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? YES NO

If yes, please state who _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment YES NO

Date available for work? ____/____/____ What is your desired salary range? _____

Are you Available to work: Full Time *will include at least one weekend a Month*
Part Time *Mornings Afternoons Evenings Nights Weekends*
Per Diem

Have you been convicted of a felony within the last five years? YES NO

A Criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address Of School	Course of Study	Number of years completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Please Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Certifications

Please check all certifications that you possess, their expiration dates, or when you acquired these certifications. Please check all that are applicable to you. Certificates will be required at the time of an interview.

EMT _____ Certification Number _____ Expires: _____

CPR _____ Expires: _____

Hazmat Operations _____ Date Acquired/Date Last Refresher: _____

CPST (Child Safety Seat Technician) _____ Expires: _____

PHTLS _____ Expires _____

Firefighter 1 _____ Date Acquired _____

Firefighter 2 _____ Date Acquired _____

ICS 700 _____ Date Acquired _____

ICS 800 _____ Date Acquired _____

ICS 100 _____ Date Acquired _____

ICS 200 _____ Date Acquired _____

Vehicle Rescue _____ Date Acquired _____

EVOC _____ Date Acquired _____

Please list previous driving experience below

Any Other Certifications you wish to include:

Do you have a valid Drivers License? _____ YES _____ NO

State: _____ Class: _____ Number: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		WORK PERFORMED
		FROM	TO	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting/Final		
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		WORK PERFORMED
		FROM	TO	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting/Final		
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		WORK PERFORMED
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Employer		Dates Employed		WORK PERFORMED
		FROM	TO	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting/Final		
Job Title	Supervisor			
Reason for Leaving				

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

State any information you feel may be helpful to us in considering your application for employment

References

Please include Three (3) Professional and Three (3) personal references. Please do not use the same person more than one time.

Professional References

1.

<i>Name</i>	<i>Telephone Number</i>	<i>Years Known</i>
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<i>Address</i>	<i>Relationship</i>
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2.

<i>Name</i>	<i>Telephone Number</i>	<i>Years Known</i>
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<i>Address</i>	<i>Relationship</i>
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3.

<i>Name</i>	<i>Telephone Number</i>	<i>Years Known</i>
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<i>Address</i>	<i>Relationship</i>
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Personal References

1.

<i>Name</i>	<i>Telephone Number</i>	<i>Years Known</i>
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<i>Address</i>	<i>Relationship</i>
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2.

<i>Name</i>	<i>Telephone Number</i>	<i>Years Known</i>
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<i>Address</i>	<i>Relationship</i>
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3.

<i>Name</i>	<i>Telephone Number</i>	<i>Years Known</i>
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<i>Address</i>	<i>Relationship</i>
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Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? _____ YES _____ NO

Job Description available upon request

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should be inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "***at will***" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "***at will***" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date