



Application for Employment

EQUAL EMPLOYMENT OPPORTUNITY

The Company will not, except in the case of a bona fide occupational qualification or need or except otherwise permitted or required by law, discriminate on the basis of race, color, religious creed, age, sex, marital status, sexual orientation, national origin, ancestry, present or past history of mental disorder, mental retardation, learning disability or physical disability with respect to hiring, compensation, promotion, discharge from employment or other terms and conditions of employment.

GENERAL INFORMATION

Please answer all questions and print legibly.

Today's Date: _____

NAME _____
First Middle Last

ADDRESS _____
Street City State Zip

(if less than three years at current residence)

PREVIOUS ADDRESS _____
Street City State Zip

SOCIAL SECURITY # _____ - _____ - _____ TELEPHONE # _____

CELL PHONE# _____ EMAIL ADDRESS _____

DRIVER'S LICENSE NUMBER # _____ CLASS: _____ EXP. DATE _____

PUBLIC SERVICE LICENCE: YES ___ NO ___ ENDORSEMENTS _____ RESTRICTIONS _____

COMMERCIAL DRIVERS LICENCE (CDL): YES ___ NO ___

Names of friends or relatives employed by this company:

POSITION APPLIED FOR: ___ EMT-B ___ EMT-I ___ PARAMEDIC ___ DISPATCH ___

WHEELCHAIR DRIVER ___ OFFICE/CLERICAL ___ OTHER _____

CHECK ONE: Full-time ___ Part-time ___ Salary requirements _____

DATE AVAILABLE TO WORK: _____ HOW WERE YOU REFERRED TO US: _____

(OFFICE USE ONLY)

EMP # _____ DEPT _____ PT _____ FT _____

CERTIFICATIONS AND SPECIAL SKILLS: Please list any certifications/licenses and special skills or credentials that you currently possess that pertain to the position applied for.

Licenses/Certifications Type	License/Certification Number	Expiration Date mm/dd/yy	State of Certification/License
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Skills:

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES ___ NO ___
 If you are hired you will be required to show proof of identity and authorization for employment in the United states. You will also be required to sign an I-9 Form verifying, under oath, your employment authorization.

Please list any other names or aliases by which you have been known to verify identity, employment history or education history.

Have you been employed here previously? Yes ___ No ___
 Have you ever applied for a position here before? Yes ___ No ___

Employment History

Provide the following information regarding your past four (4) employers, or volunteer activities, stating with the most recent.

(1) From	To	Employer	Telephone
_____	_____	_____	_____ ()
Job Title		Address	
_____		_____	

Immediate Supervisor **Summarize The Nature of Work Performed And Job Responsibilities.**

Hourly Rate, Salary

Start \$ _____ Per _____ Final \$ _____ Per _____

Reason for Leaving _____

(2) From	To	Employer	Telephone
			()
Job Title	Address		

Immediate Supervisor _____ Summarize The Nature of Work Performed And Job Responsibilities

Hourly Rate, Salary
 Start \$ _____ Per _____ Final \$ _____ Per _____

Reason for Leaving _____

(3) From	To	Employer	Telephone
			()
Job Title	Address		

Immediate Supervisor _____ Summarize The Nature of Work Performed And Job Responsibilities

Hourly Rate, Salary
 Start \$ _____ Per _____ Final \$ _____ Per _____

Reason for Leaving _____

(4) From	To	Employer	Telephone
			()
Job Title	Address		

Immediate Supervisor _____ Summarize The Nature of Work Performed And Job Responsibilities

Hourly Rate, Salary
 Start \$ _____ Per _____ Final \$ _____ Per _____

Reason For Leaving _____

If you **do not** want us to contact the above employer(s), please indicate by number. _____

EDUCATION

High School _____ Address _____

Major course/subject _____ circle last year completed 9 10 11 12 Diploma? Yes _____ No _____

College _____ Address _____

Major course/subject _____ circle last year completed 1 2 3 4 Degree? _____

Graduate School _____ Address _____

Major course/subject _____ circle last year completed 1 2 3 4 Degree? _____

Business or Technical School _____ Address _____

Major course/study _____ circle last year completed 1 2 3 4 Degree _____

Other _____

If you did not graduate, why did you leave school or college?

Are you planning to pursue other studies?

Yes _____ No _____ If so, day school? _____ Night school? _____

What course of study?

MILITARY

Service _____ Dates _____

Honorable Discharge? Yes _____ No _____ Rank _____

CRIMINAL RECORD

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please

explain: _____

I understand that a conviction will not necessarily result in the rejection of my application, but that the Company shall consider the nature of the conviction as it relates to the job duties in question and in light of the requirements of the state and federal law.

REFERENCES

Please list name, address and daytime phone number. Do not include relatives or former supervisors.

1) _____

2) _____

3) _____

4) _____

ACKNOWLEDGEMENT (PLEASE READ BEFORE SIGNING)

If you have any questions regarding this statement, please ask the employment interviewer prior to signing this document.

It is my understanding that the Company will make a thorough investigation, which will include a verification of my entire work history, and the verification of all data given in this application. I authorize such an investigation and the giving and receiving of any information by the company. I am aware that I have the right to make a written request as to the scope of this investigation. I release from liability any person giving or receiving any such information.

In the event of my employment by Aetna Ambulance Service, Inc., I will comply with all rules and regulations as set forth in the Company's Employee Handbook, employment/labor contract or the communication distributed by the Company to all employees

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the responses given are true, complete and accurate to the best of my knowledge and are made in good faith. I understand that if any of the statements on this application are found to be untrue my employment may be terminated immediately.

I authorize all the educators and employers listed in this application to furnish the Company with information regarding my education, employment history, or any matter related to my application for employment with the company.

I understand that this is an application for employment and that no employment contract is being offered.

I have read and understand the above:

Signature

Date

Send completed application to:

Director of Operations
c/o Aetna Ambulance Service, Inc.
PO Box 1150
Manchester, CT 06045-1150

FOR OFFICE USE ONLY

_____Hired _____New Hire _____Re-hire _____Not Hired

Employee # _____ Start Date: _____ Status: **PT** **FT**

Prepared by: _____

Date: _____

Aetna Ambulance Service, Inc.

Application Instructions

Thank you for submitting an application for employment at Aetna Ambulance Service, Inc.. Please take a few moments to read the attached statement describing briefly, a description of what to expect as an employee of Aetna Ambulance Service, Inc. and the items needed to complete the application process. Although we cannot guarantee any one position is available, we are happy to accept applications, which we will keep on file for a minimum of six (6) months.

In order to expedite the application process, it is important to fill out the form with as much information as possible. Be sure to sign the application before submitting it for consideration. Failure to sign the application can delay the process significantly.

Lastly, we ask that you provide us with the hours you are available for employment at Aetna Ambulance Service, Inc. Providing this information will help us to make the best possible recommendation for placement in our organization. Understand that an offer of employment will be made based upon the information given below. The greater your flexibility, the greater the chance of employment. Should the information change prior to date of hire, Aetna Ambulance Service, Inc. reserves the right to rescind the offer of employment.

The Following is my current availability for work assignments:

Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days 5AM- 8PM							
Evenings 2PM- 12AM							
Nights 6PM- 6AM							

Note: Full time applicants need to provide more than a five (5) shift availability.

Part time applicants: Please indicate the maximum number of shifts you would like to work each week based on your availability _____

Applicant Signature

Date

Upon Hire:

Please confirm with your signature that the above stated holds true for your employment with Aetna Ambulance Service, Inc.

Employee Signature

Date