

Rockford Ambulance

8450 Shaner Ave. NE Rockford, MI 49341

Phone: (616) 866-0724

Fax: (616) 866-3903

Application for Employment

Equal Opportunity Employer

General Information

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: (____) _____ SS#: _____

Are you 18 years of age or older? Yes No Are you authorized to work in the United States? Yes No

Have you ever applied for unemployment compensation? Yes No If yes, list dates _____

Have you served in the U.S. Armed Forces? Yes No If yes, Rank _____ Branch _____

If the job you are applying for requires driving a vehicle, do you possess a valid MI driver's license? Yes No

If yes, indicate Driver's License Number: _____

Is your license currently or has it ever been revoked, suspended or restricted? Yes No Explain _____

What other employment/business do you have? _____ Would you continue this if employed by us? Yes No

Have you ever been convicted of a crime? Yes No

If yes, state when, where and nature of the offense: _____

Employment Desired

Please state the position(s) you are applying for: _____

What kind of schedule are you available to work? Full-time Part-time Rate of pay expected \$ _____ Hr. Wk. Yr.

Are you available to work weekends and holidays when required by the position you are applying for? Yes No

Specify days and hours that you would **NOT** be available to work: _____

Have you ever been employed with Rockford Ambulance? Yes No If yes, please list dates: _____

Education

Name of High School, College or other	City and State	Course of Study	Did you Graduate?

Please list any hobbies or special skills you feel may be an asset: _____

Employment History

Please give an accurate, complete full-time and part-time employment record. Start with the present or most recent employer and go back a minimum of ten years. Do not omit any employment during that time. Add additional sheets if necessary. **Answer each question completely and accurately. "See Resume" is not acceptable.**

Name and Address of Employer	Employment Dates From:	Pay Rate Starting: \$ _____ <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.	Job Responsibilities:
Position Held <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	To:	Upon Leaving: \$ _____ <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Yr.	
Supervisor's Name and Title	Work Telephone		Reason for Leaving (Please explain) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary

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Professional References

List below the names of three persons who have direct knowledge of your skills, experience and fitness for the position for which you are applying.

Full Name	Business or Home Address	Occupation	Telephone Number

Certification

I understand that if I am offered employment, it is contingent upon satisfactorily passing a physical examination and/or drug test prior to placement in the position for which I have applied. I understand that if employed by Rockford Ambulance, I may be asked to undergo drug/alcohol testing at any time during my employment and agree to such testing. I also understand that all information in this application may be checked and I hereby authorize any schools, which I have attended, current and previous employers and organizations named in this application to provide Rockford Ambulance with any information that may be requested to make an employment decision. I further authorize Rockford Ambulance to conduct any other investigations of the information contained herein. I hereby specifically waive written notice from any and all former employers regarding their disclosure to Rockford Ambulance of any information, including disciplinary action. I understand that any omission or misrepresentation of information may be sufficient cause for rejection of this application or, if employment has commenced, grounds for immediate dismissal. I specifically authorize all law enforcement agencies to release any records of prior criminal convictions it may have or may obtain from other sources to Rockford Ambulance.

If hired, I promise to notify my immediate supervisor in writing promptly, if any license, registration, certificate or any other credential required for any job in which I become employed lapses, is suspended, revoked, or placed on probation for any reason. I recognize and agree that failure to provide such notice may result in immediate dismissal.

Furthermore, I agree that any action or suit against Rockford Ambulance arising out of my employment or termination of employment, including but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claim(s) or be forever barred. I waive any limitations to the contrary.

I understand and agree that in the absence of an express written agreement to the contrary executed by the employer, any employment I accept shall be for an indefinite term and shall be terminable at any time, with or without notice or cause, either by me or at the will and sole discretion of the employer.

I have read, or have had read to me, and understand the above statement. I hereby certify that all information contained in this application is true, complete and accurate. **APPLICATIONS WITHOUT SIGNATURES WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Thank you for considering Rockford Ambulance as a potential employer.

Applicant Signature: _____ Date: _____