

# Dickinson Area Ambulance Service, Inc.

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## Application for Employment

Position you are applying for: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

When will you be able to start work? \_\_\_\_\_

Full legal name: \_\_\_\_\_  
(Last) (First) (Middle)

Other names used: (such as maiden or other married names):  
\_\_\_\_\_  
\_\_\_\_\_

### Education:

Highest grade completed: \_\_\_\_\_ Diploma \_\_\_\_\_ GED \_\_\_\_\_ Presently in school: Y N

Number of years of post- high school education: \_\_\_\_\_ Major/Specialty \_\_\_\_\_

Name and address of educational institution(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Degree(s) received: \_\_\_\_\_ Dates attended: \_\_\_\_\_

**Work Experience:**(start with the most recent work experience; include as many EMS positions as possible; include all traditional, military and volunteer work experience; add additional sheets if necessary)

Job title: \_\_\_\_\_

Employer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer address: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Supervisor title: \_\_\_\_\_ Final salary: \_\_\_\_\_

Dates worked: from \_\_\_\_\_ to \_\_\_\_\_ Hours/week: \_\_\_\_\_

Job duties: \_\_\_\_\_  
\_\_\_\_\_

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

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Job title: \_\_\_\_\_

Employer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer address: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Supervisor title: \_\_\_\_\_ Final salary: \_\_\_\_\_

Dates worked: from \_\_\_\_\_ to \_\_\_\_\_ Hours/week: \_\_\_\_\_

Job duties: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Job title: \_\_\_\_\_

Employer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer address: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Supervisor title: \_\_\_\_\_ Final salary: \_\_\_\_\_

Dates worked: from \_\_\_\_\_ to \_\_\_\_\_ Hours/week: \_\_\_\_\_

Job duties: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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Describe knowledge, skills and abilities that demonstrate your qualifications for the job you are applying for: \_\_\_\_\_

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Please provide any additional information that you think would be helpful in our evaluation of this application. Include specialized training, special achievements or valuable skills:

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Licenses or Certificates held: please list and provide a copy of any license(s) or certificate(s) to practice a trade or profession (please include driver's license):

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## References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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Are you legally eligible for employment in the United States? Y N

The Immigration Reform and Control Act of 1986 requires that you are legally eligible for employment in the U.S. and you will be required to fill out a certificate verifying that you are eligible for employment. You will also be required to verify your identity.

## Convictions:

Have you ever been convicted of any criminal violations? Y N

Have you ever been charged with any traffic violations? Y N

If yes to either, please provide the following for each offense:

Describe the offense: \_\_\_\_\_

Date of charge: \_\_\_\_\_ Date of conviction: \_\_\_\_\_

City, County and State of offense or conviction: \_\_\_\_\_

\_\_\_\_\_

## Job Application Certification:

I hereby certify that the information provided on this application and any attachments are true and complete. I also understand and agree that any falsification of this information may result in my forfeiture of employment.

I understand that all the information on this application is subject to verification and I consent to criminal history and background checks. I also agree that a designated representative of the Dickinson Area Ambulance Service, Inc. may contact the references, educational institutions and previous employers listed on this application.

Applicant Signature: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_ (Required)