

Dickinson Area Ambulance Job Application

Position you are applying for: _____ Full-time Part-time
When will you be able to start work? _____

Full Legal Name: _____
(last) (first) (middle)

Home Phone: _____ Business Phone: _____ Cell: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Education:

Highest grade completed: _____ Diploma GED

Number of years of post high school education: _____

Name & Location of Educational Institution: _____

Degree Received: _____ Major/Specialty: _____

Dates Attended: _____ Are you presently in school: _____

Work Experience:

Start with the most recent work experience. Describe all traditional, military and voluntary work experience.

Job Title: _____

Employer Name: _____

Employer Address: _____ Phone: _____

Supervisor/Manager: _____

Title: _____ Final Salary: _____

Dates worked: from _____ to _____ Hours per week: _____

Job Duties: _____

Reason for leaving _____

Job Title: _____

Employer Name: _____

Employer Address: _____ Phone: _____

Supervisor/Manager: _____

Title: _____ Final Salary: _____

Dates worked: from _____ to _____ Hours per week: _____

Job Duties: _____

Reason for leaving _____

Job Title: _____

Employer Name: _____

Employer Address: _____ Phone: _____

Supervisor/Manager: _____

Title: _____ Final Salary: _____

Dates worked: from _____ to _____ Hours per week: _____

Job Duties: _____

Reason for leaving _____

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

Use this space to provide any additional information that you think would be helpful in our evaluation of your job application. This can include specialized training, special achievements or valuable skills: _____

Licenses Held: (including drivers) or certificates to practice a trade of profession _____

References:

List the full name, address, phone number and relationship of up to three people.

Name: _____ Phone: _____
Address: _____ Relationship: _____

Name: _____ Phone: _____
Address: _____ Relationship: _____

Name: _____ Phone: _____
Address: _____ Relationship: _____

Are you legally eligible for employment in the U.S.? Yes No
The Immigration Reform & Control Act of 1986 requires that you are legally eligible for employment in the U.S. and you may be required to fill out a certificate verifying that you are eligible to be employed and verifying your identity. You may also be required to provide said documentation.

Convictions:

Have you ever been convicted of any violation of law, including moving traffic violations? Yes No

If yes, please provide the following:

Describe offense: _____

Statute/Ordinance if known: _____

Date of Charge: _____

Date of Conviction: _____

County, City and State of Conviction: _____

Job Application Certification:

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

I understand that all information on this job application is subject to certification and I consent to criminal history and background checks. I also agree that you may contact references and educational institutions listed on the application.

Dated: _____

Job Applicant Signature: _____