

East Windsor Ambulance Application for Employment

East Windsor Ambulance Association, Inc. will not discriminate on the basis of race, color, religion, age, sex, marital status, sexual orientation, gender expression or identity, national origin, ancestry, disability, genetic information, or any other category protected by Connecticut or federal law .

**Mail Application to: Chief of East Windsor Ambulance, PO Box 188
East Windsor CT.06088**

Or

Email the completed application to chief@ewambulance.org

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____
Street City State Zip

(if less than three years at current residence)

Previous
Address: _____
Street City State Zip

Email address: _____

Cell Phone: _____ Cell Phone Provider _____

Do you have a valid driver's license in the United States? Yes or No

Are you over the age of 18? YES or NO Date Available to Start: _____

Salary requirements: _____

Hours Requested (please circle) Full Time Part Time Per Diem

How did you find out about this position? _____

Do you have any relatives or friends employed at East Windsor Ambulance? Yes or No
If so who:

POSITION INFORMATION

Position(s) Applying For: _____

Have you ever worked for this organization? _____

If so, date(s) _____ Prior position(s) here: _____

Reason(s) for leaving: _____

CERTIFICATION INFORMATION: (List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
EMT/ Paramedic			
CPR			
National Registry			
PALS	XXX		
ACLS	XXX		
Other			
Other			

Your application package should include copies of the following:

- 1. Drivers License**
- 2. State Medical Certification**
- 3. CPR card**
- 4. ACLS and PALS (paramedics only)**

WORK REQUIREMENTS AND GENERAL INFORMATION

Are you legally authorized to work in the U.S. and accept new employment in the position for which you are applying? Yes _____ No _____

Do you now, will you in the future, require immigration sponsorship to obtain, extend or renew authorization to work in the U.S. in the position for which you are applying? 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.

If you are hired you will need to provide a copy of your driver record from the Department of Motor vehicle.

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

EMPLOYMENT HISTORY

Provide the following information regarding your past four (3) employers, or volunteer activities, stating with the most recent.

I. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____

End Date: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving:

II. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____

End Date: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving:

III. Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact?: YES NO

Reason for leaving:

MILITARY:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment: _____

EDUCATION AND TRAINING

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

College _____
Address _____ 4 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? _____

REFERENCES

List **three** persons, other than relatives, who know your work experience and/or education.

- 1.) _____
Name phone number

- 2.) _____
Name phone number

- 3.) _____
Name phone number

ACKNOWLEDGEMENT (PLEASE READ BEFORE SIGNING)

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

I authorize the officers, agents, and employees of East Windsor Ambulance Association, Inc. (hereinafter referred to as EWAA) to solicit all relevant information about this application, including a criminal background check and a consumer report where permitted by law. This authorization for the release of information includes but is not limited to matters of opinion relating to my character, ability, reputation, and past conduct. I authorize and request all persons, schools, prior employers, companies, corporations, credit bureaus, and law enforcement agencies to release such information to EWAA, without restriction or qualification. I voluntarily waive all recourse and release the EWAA and all corporations and/or individuals who solicit or provide information in connection with my application from liability for complying with this authorization. I understand that the information I provide in connection with this application must be complete and accurate to the best of my knowledge and that misrepresentations or omission of facts called for in this application is cause for rejection of my application or dismissal if I am hired. If the information contained in any consumer report causes my rejection or dismissal, the nature and scope of that report will be supplied upon my written request in accordance with applicable law.

I understand that if I am employed by the EWAA, I shall be required to provide proof that I am authorized to work in the United States.

I also understand that as a condition of employment with the EWAA, I will be required to undergo a pre-employment drug screening and a post-job offer medical examination. All job offers are contingent upon the results of this drug screen, medical examination, and my ability to perform all essential functions of the position for which I am applying with or without reasonable accommodation. Refusal to submit to a drug screening or medical examination will preclude the EWAA from considering my application further.

I further understand that nothing contained in this employment application or in the granting of an interview or in any EWAA policy that might be given to me is intended to create an employment contract between the EWAA and myself or to provide any other benefit. I agree that if the EWAA employs me that I would be an employee at-will, unless an authorized official of the EWAA agrees in writing to different terms. I also agree that as an employee-at-will I would have the right to terminate my employment without cause and without notice at any time and the EWAA also would have this right.

In the event of my employment by the EWAA, I will comply with all policies, rules, and obligations as set forth in the EWAA Employee Handbook, or by any communication distributed by the EWAA to all employees.

I have read and understand the above:

Signature

Date

East Windsor Ambulance Association, Inc.
Application Instructions

Thank you for submitting an application for employment at the East Windsor Ambulance Association, Inc.

Please take a few moments to read the attached statement describing briefly, a description of what to expect as an employee of the EWAA, 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. 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 the EWAA. Providing this information will help us to make the best possible recommendation for placement in our Association. 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 before the date of hire, the EWAA reserves the right to rescind the offer of employment.

The following is my current availability for work assignments:

Sunday _____
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

Part-time or Per diem applicants: Please indicate the maximum number of shifts you would like to work each week based on your availability. Min. 12 hours a month / Max. 36 hours a week. (Hours are not guaranteed assigned based on employment seniority.)

Applicant Signature

Date

Upon Hire:

Please confirm with your signature that the above-stated holds true for your employment with the EWAA.

Employee Signature

Date

FOR OFFICE USE ONLY

_____ Hired _____ New Hire _____ Re-hire _____ Not Hired

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

Starting Wage: _____

Prepared by: _____ Date: _____