



Tri-District Ambulance Service

108 Main Street
Rock City, IL 61070
Phone: (815) 865-5153

EMPLOYMENT APPLICATION FORM

Tri-District Ambulance Service considers candidates for employment without regard to race, color, notional origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

TRI-DISTRICT AMBULANCE SERVICE IS A DRUG FREE WORKPLACE

PERSONAL INFORMATION

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Are you at least 18 years of age? Yes No

Date Available to Work: _____

Hours Requested (FT/PT): _____

Requested salary: \$ _____

/per hour

If any, please list relatives or friends employed at Tri-District: _____

POSITION INFORMATION

Position(s) Applying For: _____

Have you ever been employed by this organization? (Yes/No) _____

If "Yes", date: _____

Prior Position(s): _____

Reason for leaving: _____

CERTIFICATION INFORMATION

(list only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT/EMT-P			
National Registry			
PALS			
ACLS			
BTLS			
EMD			
CDL			
Other: _____			

WORK REQUIREMENTS AND GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? (Yes/No)

Do you have a valid Driver's License? (Yes/No)

List all moving violations (convictions) and accidents and any suspensions or revocations of your license

in the last five years:

Have you ever been convicted, or plead guilty or not contest to a felony or misdemeanor, including a DUI/DWI

or similar offense, had any moving violations, or had your license revoked or suspended (Yes/No)

If "Yes", please explain:

A conviction will not necessarily disqualify you from employment.

Have you ever been excluded or are you currently excluded from participating in any federal health program

such as Medicare or Medicaid? (Yes/No)

If "Yes", please explain:

EMPLOYMENT HISTORY

(list your last three employers or volunteer activities, starting with the most recent)

Employer Name & Address:

Job Title: Supervisor:

Start Date: Beginning Salary: End Date: End Salary:

Job Description (including duties and responsibilities):

Employer's Phone: May we contact this employer? (Yes/No)

Reason for leaving:

Employer Name & Address:

Job Title: Supervisor:

Start Date: Beginning Salary: End Date: End Salary:

Job Description (including duties and responsibilities):

Employer's Phone: May we contact this employer? (Yes/No)

Reason for leaving:

Employer Name & Address:

Job Title: Supervisor:

Start Date: _____ Beginning Salary: _____ End Date: _____ End Salary: _____

Job Description (including duties and responsibilities):

Employer's Phone: _____ May we contact this employer? (Yes/No) _____

Reason for leaving: _____

MILITARY SERVICE

Service Branch	Date Began	Date Ended	Rank & Type of Duties	Date Discharged	Location

Please explain any gaps in employment:

Have you ever been:

Disciplined or terminated for reckless driving? (Yes/No) _____

Placed on probation or terminated for excessive absenteeism? (Yes/No) _____

Disciplined/terminated for insubordination? (Yes/No) _____

Disciplined/terminated for a violation of safety rules? (Yes/No) _____

Disciplined/terminated for assault or fighting? (Yes/No) _____

Disciplined/terminated for harassment? (Yes/No) _____

Disciplined/terminated for patient abuse? (Yes/No) _____

Disciplined/terminated for alcohol or drug related actiity at work? (Yes/No) _____

If you answered "Yes" to any of the above questions, please explain:

Please note: Answers of "Yes" to any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

High School:

Name: _____ Address: _____

Years Completed: _____ Did you graduate?(Yes/No) _____ If no, highest grade completed: _____

Have you received your GED? (Yes/No) _____

College:

Name: _____ Address: _____

Years Completed: _____ Did you graduate?(Yes/No) _____ If no, highest grade completed: _____

Degree: _____ Major: _____

Technical School:

Name: _____ Address: _____

to employment and again at any time if so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test result for legal substances will require proof of a current prescription. I further consent to allow my doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the company as a condition of my employment, and I hereby give my consent to the release of information which Tri-District Ambulance Service deems necessary to determine my ability to perform my job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from Tri-District Ambulance Service.

I hereby authorize Tri-District Ambulance Service to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with Tri-District Ambulance Service may be terminated.

Applicant signature:

Date:
