

SOUTH SENECA VOL AMBULANCE CORP.
Employment Application



APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.			Desired Salary			
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a misdemeanor/felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Any physical impairments or conditions that will hinder/impair performance:										
EDUCATION										
High School					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMS CERTIFICATIONS/ DRIVING RECORD			
EMT level:	State:	Number:	Exp:
CPR/AED	Date issued:		Type
Other Certifications, skills, Qualifications:			
Driver license number:	State:	Expiration:	

Infractions within last (7) years:

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge, without omission. I authorize South Seneca Ambulance to check any or all of the above statements with the proper Enforcement Agency(s). I also understand that willful falsification or omission from this application will subject it to immediate rejection. Should I be employed by South Seneca Ambulance, any misrepresentations or falsifications can and will be used as grounds for possible dismissal. It is further understood that South Seneca Volunteer Ambulance Corp. does not discriminate based on sex, creed, race, religion, national origin, or sexual orientation. I understand that my Social Security number is required for a criminal background check and a driving record, and will be provided before I can be considered for employment. I understand this application does not implicate or constitute employment of any kind.</p>	
By typing or signing your name on the signature line you are officially signing this document.	
Signature	Date