



## APPLICATION FOR EMPLOYMENT



DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long \_\_\_\_\_                      Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_                      Days/hours available to work  
 and salary desired (2) \_\_\_\_\_                      No Pref \_\_\_\_\_    Thur \_\_\_\_\_  
 (Be specific)                      Mon \_\_\_\_\_    Fri \_\_\_\_\_  
    Tue \_\_\_\_\_    Sat \_\_\_\_\_  
    Wed \_\_\_\_\_    Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_    Can you work nights? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No                       Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
 \_\_\_\_\_

**Work Experience**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer?  Yes  No



# APPLICATION FOR EMPLOYMENT



DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_     Operator     Commercial (CDL)     Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_  
Have you had any moving violations during the past three years? \_\_\_\_\_ How Many? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Empty space for additional information.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?     Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?     Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by METS Ambulance agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of METS, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of METS Ambulance. Both the undersigned and METS Ambulance may end the employment relationship at any time, without specified notice or reason. If employed, I understand that METS Ambulance may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give METS Ambulance permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release METS Ambulance from any liability as a result of such contract.

I also understand that (1) METS Ambulance has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, METS Ambulance may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, METS Ambulance will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with METS Ambulance shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with METS Ambulance is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_

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

---

METS Ambulance is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with METS Ambulance depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.