

Employment History

List your last four (4) employers, assignments or volunteer activities, beginning with the most recent, including Military experience. Explain any gaps in employment in the comments section below.

Employer <small>Telephone</small>	From	To	Responsibilities
Address			
Job Title			
Immediate Supervisor			
Reason for Leaving			
May We contact for Reference? Yes No Later			

Employer <small>Telephone</small>	From	To	Responsibilities
Address			
Job Title			
Immediate Supervisor			
Reason for Leaving			
May We contact for Reference? Yes No Later			

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Job Title			
Immediate Supervisor			
Reason for Leaving			
May We contact for Reference? Yes No Later			

Comments (Include explanation of employment gaps)

Skills Summary

Educational Background

School	No of Years Completed	Degree/Diploma	GPA Class Rank	Major	Minor

Language

Language	Read/Write	Read /Speak	Read Only	Speak Only

Computer Skills

Format	Proficiency level	Certification

Professional Certifications/Licenses

Certification/License	Number / State	Issue Date	Expiry Date

References

Name	Address	City State Zip	Telephone

Professional/Civic Organizations

Organization	Offices Held

Special Accomplishments (without reference to race, religion, national origin, age, handicap, or other protected status)

Other information for Consideration

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from Delta Ambulance if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Delta Ambulance reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Delta Ambulance has the authority to make assurances to the contrary.

I grant Delta Ambulance the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Delta Ambulance and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I further understand that Delta Ambulance is an equal opportunity employer and does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, Maine, or US Federal law.

This application will be held active for six (6) months. At the conclusion of this time, if I have not heard from Delta Ambulance and I still wish to be considered for employment, it will be necessary for me to complete and submit a new application.

SIGNATURE OF APPLICANT

/ /
DATE

Certification Copies Attached

Certification	State	Number
Page 5: Affirmative Action Data Sheet		

**Equal Employment Opportunity/Affirmative Action Identification
Delta Ambulance**

Delta Ambulance does not discriminate on the basis of race, gender, color, religion, national origin, age, sexual orientation, handicap, or veteran status in provision of educational opportunities or employment opportunities and benefits. Delta does not discriminate on the basis of sex or handicap in employment activities, pursuant to the requirements of Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972, Public Law 92-318; Section 504 of the Rehabilitation Act of 1973, Public Law 93-112; the Americans with Disabilities Act (ADA) of 1990, Public Law 101-336; and the Age Discrimination in Employment Act. This policy extends to employment, promotion, educational opportunities, and other employment related activities offered by the company.

I certify that all answers to the questions in this application are true, and I further understand that any false statement and/or omission in this application and all other accompanying documentation will be sufficient grounds for rejection of the application or termination of employment. I authorize Delta Ambulance to make any and all necessary and appropriate investigations to verify the information contained herein, including criminal records and work experience background verifications. I also understand prior to employment, I must provide information related to identity and employability. Failure to provide appropriate documentation for verification of employment eligibility (I-9 form) shall result in immediate termination of employment and/or offer of employment.

Inquiries concerning Title VI, Title IX, Section 504, the Americans with Disabilities Act, and the Age Discrimination in Employment should be directed to Office of the Executive Director, 29 Chase Avenue, Waterville, ME 04901; Telephone: (207) 861-4228. Charges of violation of the above policy should also be directed to the Office of the Executive Director.

Please provide the following information, which will be used for Affirmative Action statistics only and will be maintained separately from your employment application:

The following information must be printed:

Application Date _____

Name: _____

Gender: Male

Female

Race: American Indian or Alaskan Native
 Native Hawaiian or Pacific Islander
 Black or African American
 Asian
 Hispanic or Latino
 White
 Two or More Races

Optional Information

Disabled Veteran Yes No Specify _____

Vietnam Era Veteran Yes No

Special Disabled Veteran Yes No

Other Protected Veteran Yes No

Recently Separated Veteran Yes No

Armed Forces Service Medal Veteran Yes No