

## Application for Employment

Mail completed form to: Delta Ambulance Employment 29 Chase Avenue Waterville, ME 04901-4642

Please Print

Position Applied for				Date of Application					
Referral Source	rral Source Advertisement Employee Relat		Relative	Government Agency Private Agency		Web Page			
	Other Please	Name referra	al source _						
Name									
Traine	Last		F	irst		Middle			
Address									
	Street		City State				Zip Coo	le	
Telephone (			email		@				
Area C									
Best Time to telep	ohone you at hor	ne	Sc	ocial Securit	<u>y Number</u>	-	-		
May we contact y				)	-	Best Time			
Have you filed an If Yes, Date	application with	Delta Ambul	ance befor	e?			Yes	No	
•		l l D -lt- A					.,		
Have you been pr If Yes, From	, , ,	,	Ambulance:	? as			Yes	No	
Are you legally eligible for employment in the United States?  Proof of citizenship or immigration status will be required upon employment						Yes	No		
Date Available to	heain work								
Type of Employm		Full Tir Tempo	ne orary	Part Time Education		Per Diem Other			
Are you currently	on lay off and su	ubject to reca	all?				Yes	No	
Will you relocate	f the position red	quires? yes	No		Will you tra	vel if required?	Yes	No	
Will you work ove	rtime if required	?					Yes	No	
Will you attend ar	n employment sc	reening phys	ical?				Yes	No	
Have you ever be	en bonded? Ye	es No		Have you b	een convicte	ed of a felony?	Yes	No	
If yes, please exp	lain:								
Have you ever had any action taken, or is action pending, against any professional license or certification you									
currently hold or	ever held? Yes	No	If yes, p	olease expla	nin:				
Driver's License N	lumber		State		Class	Expire	S		

<b>Employment History</b>		
Employment Histor		
FIIII)IOVIIIEIII MISIOII	,	
	/	

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. Responsibilities То From Address Job Title Immediate Supervisor Reason for Leaving May We contact for Reference? Yes No Later Employer Telephone Responsibilities From То Address Job Title Immediate Supervisor Reason for Leaving May We contact for Reference? Yes No Later Employer Responsibilities From То Address Job Title Immediate Supervisor Reason for Leaving May We contact for Reference? Yes No Later Employer Telephone Responsibilities From To Address Job Title Immediate Supervisor Reason for Leaving May We contact for Reference? Yes No Later **Comments** (Include explanation of employment gaps) **Skills Summary** 

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Educational Background										
School	No of Years	Completed	mpleted Degree/Diploma		GPA Class Rank		Major		Minor	
			J.		<u> </u>					
Language										
Language		Read/Write	!	Read	/Speak		Read Only	Speak Only		
Computer Skills	<u> </u>			l				l		
	mat			Proficie	ncy level		Certification			
							<u> </u>			
<b>Professional Ce</b>	rtificatio									
Certification/Licer	nse		Number / S	tate		Issue Date			Expiry Date	
References					•					
Name				Address		Ci	ity State Zip		Telephone	
Professional/Ci	vic Orga	nization	<b>S</b>					•		
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, of 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:

## 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

The following information must be printed: