



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 Advertisement Employee Relative Government Agency Private Agency Web Page

Other Please Name referral source _____

Name Last First Middle

Address Street City State Zip Code

Telephone () - email @
Area Code

Best Time to telephone you at home Social Security Number - -

May we contact you at work? Yes No Telephone () - Best Time

Have you filed an application with Delta Ambulance before? Yes No
If Yes, Date

Have you been previously employed by Delta Ambulance? Yes No
If Yes, From to as

Are you legally eligible for employment in the United States? Yes No
Proof of citizenship or immigration status will be required upon employment

Date Available to begin work _____

Type of Employment desired Full Time Part Time Per Diem
Temporary Educational / Co-op Other

Are you currently on lay off and subject to recall? Yes No

Will you relocate if the position requires? yes No Will you travel if required? Yes No

Will you work overtime if required? Yes No

Will you attend an employment screening physical? Yes No

Driver's License Number State Class Expires

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

Employer Telephone	From	To	Responsibilities
Address			
Job Title			
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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, 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:

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