



Employment Opportunities

(Current Job Opportunities are available in the Dispatch department as well as Billing and Frontline EMT-B and EMT-P.)

We are always accepting applications.

PRE-EMPLOYMENT QUESTIONNAIRE, AN EQUAL OPPORTUNITY EMPLOYER

Care Ambulance does not discriminate on the basis of race, color, religion, sex, age national origin, marital status or disabled status in its employment

Position Applied For

Referral source: Agency referral Employee Web Advertisement Unsolicited
Other:

Personal Information

* indicates required field

First Name*

Last Name*

Middle Name

Street Address*

Apt #

City*

State*

Zip* (EX: XXXXX)

Phone Number * (EX: 3175555555)

E-Mail Address*

Social Security Number

Are you 18 years old or older? Yes No

Have you ever been employed by Care Ambulance before? Yes No

If so, Reason for leaving?

Are you employed now? Yes No

Employment experience

List below the last three employers, starting with the most recent.

1.

Employer
Phone
Address
City State Zip
Job Title
Supervisor
Hourly rate/Salary: Starting Ending
Dates Employed: From To
Full-time Part-time Hours per week
Work Performed
Reason For Leaving

2.

Employer
Phone
Address
City State Zip
Job Title
Supervisor
Hourly rate/Salary: Starting Ending
Dates Employed: From To
Full-time Part-time Hours per week
Work Performed
Reason For Leaving

3.

Employer
Phone
Address
City State Zip
Job Title
Supervisor
Hourly rate/Salary: Starting Ending
Dates Employed: From To
Full-time Part-time Hours per week
Work Performed
Reason For Leaving

References

List three references, addresses and phone numbers who are not relatives and have known you for at least a year.

1.
Name
Phone
Business
Address
Years Acquainted

2.
Name
Phone
Business
Address
Years Acquainted

3.
Name
Phone
Business
Address
Years Acquainted

Service Record

Branch of Service
Discharge Date & Rank

Have you been convicted of a felony within the last 7 years? If yes, please explain. Yes No
(Conviction will not necessarily disqualify employment).
If yes, then explain

AFFIRMATIVE ACTION SURVEY

Government Agencies require periodic reports on the sex and ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmation action only. Submission of information is voluntary.

Check one in each of the following sections:

F – Female M – Male

Citizen N – Non Citizen *Proof of citizenship/work eligibility required on first day of employment.*

1 – White, not of Hispanic origin 3 – American Indian/Alaskan Native 5 – Hispanic
2 – Asian/Pacific Islander 4 – Black, not of Hispanic origin
Disabled Disabled Veteran Veteran

Applicant's Statement: "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

By entering your initials and dating below, you agree to the above statement.

Initials Date
(EX: *BJP*) *09/01/06*)