

Barry-Lawrence County Ambulance District APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION

Name: _____ social security number: _____

Present Address
 Street _____ City _____ State _____ Zip _____

Permanent Address
 Street _____ City _____ State _____ Zip _____

Are you 18 years or older? yes no Phone number: _____ Apartment number: _____

In case of Emergency notify:
 Name _____ Address _____ phone number _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? yes no

EMPLOYMENT DESIRED

Position _____ date you can start _____ salary desired _____

Are you employed now? _____ If so may we inquire with your present employer? _____

Ever applied with this company before? _____ Where? _____ When? _____

Reason for leaving? _____

Name of last supervisor with this company _____

Who referred you to this company? employment agency newspaper advertisement other

state employment office college placement service walked in friend

EDUCATION

School Level of school	Name and location of school	Number of years	Did you graduate	Subjects studied
Grammar School				
High School				
College				
Trade Business or Correspondence School				

GENERAL

Subjects of special study or research work /special training/special skills

FORMER EMPLOYERS [List below last three employers, starting with last one first]

Name and address of last or present employer

<u>Starting date</u>	<u>Leaving date</u>
Month Year	Month Year
<u>Job Title</u>	<u>May we contact your supervisor?</u>
<u>Name and title of supervisor</u>	<u>Phone number</u>
<u>Description of work</u>	
<u>Reason for leaving</u>	

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<u>Description of work</u>	
<u>Reason for leaving</u>	

REFERENCES [Give below the names of three persons not related to you, whom you have known at least one year]

<u>Name</u>	<u>Address</u>	<u>Business</u>	<u>Yrs Acquainted</u>
1.			
2.			
3.			

SERVICE RECORD

<u>Branch of Service</u>	<u>Discharge Date/Rank</u>
<u>Present membership in National Guard or Reserves</u>	<u>Date Obligation Ends</u>

Applicant's Statement

I understand the Barry-Lawrence County Ambulance District follows an “employment at will” policy, in that I or Barry-Lawrence County Ambulance District may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Board of Directors of the Barry-Lawrence County Ambulance District. I understand that this application is not a contract for employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. I understand the application will be active for a period of one year, after that time, if I wish to be considered for employment, I must submit a new application. I understand the employer will thoroughly investigate my work record and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms listed herein, except my current employer if so noted, to provide information requested about me to Barry-Lawrence County Ambulance District, and I release them from all liability for damage in providing this information. I understand and authorize Barry-Lawrence County Ambulance District to obtain a copy of my criminal record check and a copy of my driving record in order to assess my application for employment. I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant’s signature

Date

Office Use Only

Hired _____ For department _____ position _____

Salary/wage _____ will report _____

Approved: _____ date _____