

Insurance company name: _____ Policy #: _____

Civil / Criminal History:

Have you ever been arrested or detained by law enforcement personnel? _____ YES _____ NO

Have you ever been convicted of or pled guilty or no contest to a felony or misdemeanor? _____ YES _____ NO

Have you ever been fingerprinted for any reason? _____ YES _____ NO

Have you ever been convicted of domestic violence? _____ YES _____ NO

Educational History:

| | School Name | Dates Attended | Graduated? |
|-------------|-------------|----------------|------------|
| High School | | | |
| College | | | |
| Technical | | | |
| Other | | | |
| Other | | | |

Training / Certifications:

| | ID # | Class Location | Expiration Date |
|---------------------|------|----------------|-----------------|
| EMT-Basic | | | |
| EMT-Paramedic | | | |
| CPR | | | |
| ACLS | | | |
| PALS | | | |
| BTLS / ITLS / PHTLS | | | |
| EVOC | | | |
| Other | | | |
| Other | | | |

Employment History:

| Name of Employer | Phone # of Supervisor | Dates Employed | Reason for Leaving |
|------------------|-----------------------|----------------|--------------------|
| | | | |
| | | | |
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| | | | |

Would there be any problem with us contacting your current employer for a job reference?

_____ YES _____ NO If yes, please explain: _____

Please list any other professional or volunteer experience which may add to your qualifications as an employee of Cranberry Ambulance:

Do you have any pre-existing physical conditions that may affect you in the performance of your duties as an employee of Cranberry Ambulance? If so, please describe:

Terms of employment include successful completion of a physical examination and drug test. Are you willing to undergo a physical examination and drug test, at your expense, to prove you are physically able to perform the tasks of the job for which you have applied? _____ YES _____ NO

References:

(References cannot be relatives and must have known you for a minimum of one year.)

| Name | Company | Job Title | Phone Number |
|------|---------|-----------|--------------|
| | | | |
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I hereby certify that the statements contained herein are true and correct to the best of my knowledge and I grant Cranberry Ambulance permission to verify such answers and investigate all references. I understand that any false statements on this application may be considered significant cause for rejection of this application or for termination if discovered subsequent to my employment. I authorize my former employers and other individuals to give information concerning me and I release them and their companies from any liability whatsoever.

Signature: _____

Date: _____

This application is void after a period of six (6) months. If you have not been hired within that period of time and are still interested in being considered for employment, you must reapply.