



# Application for Employment

## EQUAL EMPLOYMENT OPPORTUNITY

The Company will not discriminate on the basis of race, color, religion, age, sex, marital status, sexual orientation, gender expression or identity, national origin, ancestry, disability, genetic information, or any other category protected by Connecticut or federal law .

### GENERAL INFORMATION

Please answer all questions and print legibly.

Today's Date: \_\_\_\_\_

NAME \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_  
Street City State Zip

(if less than three years at current residence)

PREVIOUS ADDRESS \_\_\_\_\_  
Street City State Zip

TELEPHONE # \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DRIVER'S LICENSE NUMBER # \_\_\_\_\_ CLASS: \_\_\_\_\_ EXP. DATE \_\_\_\_\_

Names of friends or relatives employed by this company:

\_\_\_\_\_  
\_\_\_\_\_

### POSITION APPLIED FOR:

\_\_\_ EMT-B \_\_\_ PARAMEDIC \_\_\_ DISPATCH \_\_\_ OFFICE/CLERICAL \_\_\_ OTHER

CHECK ONE: Full-time \_\_\_ Part-time \_\_\_ Salary requirements \_\_\_\_\_

DATE AVAILABLE TO WORK: \_\_\_\_\_

DOWNLOADED FROM WEBSITE

(OFFICE USE ONLY)

EMP # \_\_\_\_\_ DEPT \_\_\_\_\_ PT \_\_\_\_\_ FT \_\_\_\_\_

**CERTIFICATIONS AND SPECIAL SKILLS:** Please list any certifications/licenses and special skills or credentials that you currently possess that pertain to the position applied for.

Licenses/Certifications Type	License/Certification Number	Expiration Date mm/dd/yy	State of Certification/License
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Special Skills:**

\_\_\_\_\_

\_\_\_\_\_

Are you legally authorized to work in the U.S. and accept new employment in the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you now, will you in the future, require immigration sponsorship to obtain, extend or renew authorization to work in the U.S. in the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are hired you will be required to show proof of identity and authorization for employment in the United States. You will also be required to sign an I-9 Form verifying, under oath, your employment authorization.

Please list any other names or aliases by which you have been known to verify identity, employment history or education history.

\_\_\_\_\_

Have you been employed here previously? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever applied for a position here before? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

**Employment History**

Provide the following information regarding your past four (4) employers, or volunteer activities, stating with the most recent.

(1) From	To	Employer	Telephone
_____	_____	_____	_____ ( ) _____
<b>Job Title</b>		<b>Address</b>	
_____		_____	

**Immediate Supervisor**      **Summarize The Nature of Work Performed And Job Responsibilities.**

\_\_\_\_\_

\_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

<b>(2) From</b>	<b>To</b>	<b>Employer</b>	<b>Telephone</b>
			( )
<b>Job Title</b>	<b>Address</b>		

**Immediate Supervisor**      **Summarize The Nature of Work Performed And Job Responsibilities**

\_\_\_\_\_

\_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

<b>(3) From</b>	<b>To</b>	<b>Employer</b>	<b>Telephone</b>
			( )
<b>Job Title</b>	<b>Address</b>		

**Immediate Supervisor**      **Summarize The Nature of Work Performed And Job Responsibilities**

\_\_\_\_\_

\_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

<b>(4) From</b>	<b>To</b>	<b>Employer</b>	<b>Telephone</b>
			( )
<b>Job Title</b>	<b>Address</b>		

**Immediate Supervisor**      **Summarize The Nature of Work Performed And Job Responsibilities**

\_\_\_\_\_

\_\_\_\_\_

**Reason For Leaving** \_\_\_\_\_

If you **do not** want us to contact the above employer(s), please indicate by number. \_\_\_\_\_

### EDUCATION

**High School** \_\_\_\_\_ **Address** \_\_\_\_\_

Major course/subject \_\_\_\_\_ circle last year completed 9 10 11 12      Diploma? Yes \_\_\_\_ No \_\_\_\_

**College** \_\_\_\_\_ **Address** \_\_\_\_\_

Major course/subject \_\_\_\_\_ circle last year completed 1 2 3 4 Degree? \_\_\_\_\_

**Graduate School** \_\_\_\_\_ Address \_\_\_\_\_

Major course/subject \_\_\_\_\_ circle last year completed 1 2 3 4 Degree? \_\_\_\_\_

**Business or Technical School** \_\_\_\_\_ Address \_\_\_\_\_

Major course/study \_\_\_\_\_ circle last year completed 1 2 3 4 Degree \_\_\_\_\_

Other \_\_\_\_\_

If you did not graduate, why did you leave school or college?  
\_\_\_\_\_

Are you planning to pursue other studies?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, day school? \_\_\_\_\_ Night school? \_\_\_\_\_

What course of study?

**MILITARY**

Service \_\_\_\_\_ Dates \_\_\_\_\_

List relevant training received or skills required \_\_\_\_\_

Honorable Discharge?\* Yes \_\_\_\_\_ No \_\_\_\_\_ Rank \_\_\_\_\_

\*A dishonorable discharge will not be an absolute bar to employment.

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**REFERENCES**

Please list name, address and daytime phone number. Do not include relatives or former supervisors.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**ACKNOWLEDGEMENT (PLEASE READ BEFORE SIGNING)**

**If you have any questions regarding this statement, please ask the employment interviewer prior to signing this document.**

I authorize the officers, agents and employees of Aetna Ambulance Service, Inc. (hereinafter referred to as COMPANY) to solicit all relevant information about this application, including a criminal background check and a consumer report where permitted by law. This authorization for release of information includes but is not limited to

matters of opinion relating to my character, ability, reputation and past conduct. I authorize and request all persons, schools, prior employers, companies, corporations, credit bureaus and law enforcement agencies to release such information to the COMPANY, without restriction or qualification. I voluntarily waive all recourse and release the COMPANY and all corporations and/or individuals who solicit or provide information in connection with my application from liability for complying with this authorization. I understand that the information I provide in connection with this application must be complete and accurate to the best of my knowledge and that misrepresentations or omission of facts called for in this application is cause for rejection of my application or dismissal if I am hired. If information contained in any consumer report causes my rejection or dismissal, the nature and scope of that report will be supplied upon my written request in accordance with applicable law.

I understand that if I am employed by the Company, I shall be required to provide proof that I am authorized to work in the United States.

I also understand that as a condition of employment with the COMPANY, I will be required to undergo a pre-employment drug screening and a post-job offer medical examination. All job offers are contingent upon the results of this drug screen, medical examination, and my ability to perform all essential functions of the position for which I am applying with or without reasonable accommodation. Refusal to submit to a drug screening or medical examination will preclude the COMPANY from considering my application further.

I further understand that nothing contained in this employment application or in the granting of an interview or in any COMPANY policy that might be given to me is intended to create an employment contract between the COMPANY and myself or to provide any other benefit. I agree that if the COMPANY employs me that I would be an employee-at-will, unless an authorized official of the COMPANY agrees in writing to different terms. I also agree that as an employee-at-will I would have the right to terminate my employment without cause and without notice at any time and the COMPANY also would have this right.

In the event of my employment by the COMPANY I will comply with all policies, rules and obligations as set forth in the Company's Employee Handbook, or by any communication distributed by the Company to all employees.

I have read and understand the above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send completed application to:

Director of Operations  
c/o Aetna Ambulance Service, Inc.  
PO Box 1150  
Manchester, CT 06045-1150

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**FOR OFFICE USE ONLY**

\_\_\_\_\_ Hired    \_\_\_\_\_ New Hire    \_\_\_\_\_ Re-hire    \_\_\_\_\_ Not Hired

Employee # \_\_\_\_\_ Start Date: \_\_\_\_\_ Status: **PT** **FT**

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

# Aetna Ambulance Service, Inc.

## Application Instructions

Thank you for submitting an application for employment at the Aetna Ambulance Service Inc.. Please take a few moments to read the attached statement describing briefly, a description of what to expect as an employee of the Aetna Ambulance Service, Inc. and the items needed to complete the application process. Although we cannot guarantee any one position is available, we are happy to accept applications, which we will keep on file for a minimum of six (6) months.

**In order to expedite the application process, it is important to fill out the form with as much information as possible.** Be sure to sign the application before submitting it for consideration. Failure to sign the application can delay the process significantly.

**Lastly, we ask that you provide us with the hours you are available for employment at the Aetna Ambulance Service, Inc. Providing this information will help us to make the best possible recommendation for placement in our organization. Understand that an offer of employment will be made based upon the information given below. The greater your flexibility, the greater the chance of employment. Should the information change prior to date of hire, the Aetna Ambulance Service, Inc. reserves the right to rescind the offer of employment.**

### The Following is my current availability for work assignments:

Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days 5AM- 8PM							
Evenings 2PM- 12AM							
Nights 6PM- 6AM							

**Note: Full time applicants need to provide more than a five (5) shift availability.**

**Part time applicants:** Please indicate the maximum number of shifts you would like to work each week based on your availability \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **Upon Hire:**

Please confirm with your signature that the above stated holds true for your employment with the Aetna Ambulance Service, Inc.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date