



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
_____	_____	_____	_____ () _____
Job Title		Address	
_____		_____	

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

Reason for Leaving _____

(2) From	To	Employer	Telephone
			()
Job Title	Address		

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

Reason for Leaving _____

(3) From	To	Employer	Telephone
			()
Job Title	Address		

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

Reason for Leaving _____

(4) From	To	Employer	Telephone
			()
Job Title	Address		

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.

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

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 Noon- 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