



Plymouth Community Ambulance Association APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Plymouth Community Ambulance Association is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, use of a guide or support animal because of blindness, deafness, or physical handicap, veteran or military status, genetic information, sexual orientation, gender identity, marital status, familial status, domestic or sexual violence victim status, source of income, or any other legally recognized protected basis under federal, state, or local law. The information collected by this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on the Company. Please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

GENERAL INFORMATION

Name: _____	Date: _____			
FIRST	MIDDLE	LAST		
Address _____		CITY	STATE	ZIP CODE
STREET				
Contact Number (____)		Date available to start work: _____		
Alternate Contact Number (____)		Email (optional): _____		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you at least 21 years old?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
(If no, you may be required to provide authorization to work)				
Have you previously been employed by our Company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a valid driver's license (for driving-related positions)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How were you referred to the Company? _____				

POSITION INFORMATION

Position applied for or type of work desired? _____

Applying for: Full-time Part-time Volunteer

EDUCATION

School Name and Location	Highest Grade/Years Completed	Grade Point Average	Course of Study or Major/Degree Attained
College or University			
Vocational or Trade School			
Graduate School			
Other (including military training)			

ADDITIONAL JOB-RELATED QUALIFICATIONS

List any work-related training, skills, certifications, licenses, and/or other qualifications. _____

Detail any past responsibilities and achievements. Note any special coursework, honors, activities, special projects, or any other information that will assist us in considering your application for employment. _____

PROFESSIONAL REFERENCES

List three professional references (other than those listed as current/former supervisor) that we may contact:

Name _____ Telephone No. _____

Email Address _____ Type of Acquaintance _____

Name _____ Telephone No. _____

Email Address _____ Type of Acquaintance _____

Name _____ Telephone No. _____

Email Address _____ Type of Acquaintance _____

EMPLOYMENT HISTORY

List all employment experience for the past seven years, starting with the most recent or present employer, including US Military Service. Using a separate section for each position, describe in detail all work experience including periods of unemployment. **You may include as part of your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.**

<p>Current Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____ Primary responsibilities _____ _____</p>	<p>Phone (____) _____ From _____ Month _____ Year _____ To _____ Month _____ Year _____ Reason for Leaving _____ _____</p>
<p>Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____</p>	<p>Phone (____) _____ From _____ Month _____ Year _____ To _____ Month _____ Year _____ Reason for Leaving _____ _____</p>
<p>Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____</p>	<p>Phone (____) _____ From _____ Month _____ Year _____ To _____ Month _____ Year _____ Reason for Leaving _____ _____</p>
<p>Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____</p>	<p>Phone (____) _____ From _____ Month _____ Year _____ To _____ Month _____ Year _____ Reason for Leaving _____ _____</p>

Please explain any gaps of employment: _____

READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. _____ Initials

I understand that I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drug use before being permitted to commence work with the Company. _____ Initials

I understand that I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the Company. _____ Initials

I understand that, where permissible under applicable state and local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record (for driving positions), and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any such background check. _____ Initials

I also understand that a record of criminal conviction or less than honorable discharge from military service will not necessarily bar me from employment, unless consistent with law and if related to legitimate qualifications related to the position. I understand that it is the policy of this Company not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation, and that the Company complies with its Equal Opportunity Employment Policy as stated on page 1 of this application. _____ Initials

I hereby certify that the information given by me is true in all respects. I authorize the Company and its representatives to contact my prior employers and all others (with the exception of my current employer, only if I have marked "May we contact?" of this application as "No") for the purpose of verification of the information I have supplied, and I hereby RELEASE FROM ANY LIABILITY the Company and its representatives related to seeking, gathering, and using such information to make employment decisions (to the extent consistent with law), and all other persons or organizations for providing such information. I authorize employers, schools, and other persons named on this application to provide any relevant information or transcripts requested. _____ Initials

I understand employment with the Company is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States. _____ Initials

I hereby certify that, if employed, my employment with the Company will not conflict with, or result in the violation of, breach of, or default under, any contract, agreement, or understanding that I am a party to or am bound by, other than those I have disclosed in this application, if any. _____ Initials

I hereby certify that, if employed, I will report to my supervisor, a representative of Human Resources, or other member of management, if I am ever harassed by someone in the Company or if I ever become aware of any unethical behavior by any employee. _____ Initials

Initials _____

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party without prior notice to the other, unless otherwise prohibited by law.

Initials _____

I hereby certify that all of the above information is true and complete, and I understand that any falsification or omission of information may disqualify me from further consideration for employment or, if hired, may result in termination regardless of the time elapsed before discovery.

Note: An offer of employment is conditioned upon complying with the Company's requirements including, but not limited to, signing a separate disclosure and consent form prior to any background investigation.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS:

Applicant's signature _____ Date _____