

East Lyme Ambulance Fund, Inc.

APPLICATION FOR EMPLOYMENT

**** Please print and complete all sections, ensuring responses are legible ****

Applicant Name	<input type="text"/>	Position Applied For	<input type="text"/>
Telephone Number	<input type="text"/>	Alternate Number	<input type="text"/>
Present Address	<input type="text"/>		
	Street, Apartment, or Unit Number		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip
	Time at address	<input type="text"/>	Yrs / Months
Email Address	<input type="text"/>		
Type of shift desired	12-Hour <input type="checkbox"/>	8-Hour <input type="checkbox"/>	No Preference <input type="checkbox"/>
Have you ever been employed by this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please provide dates of employment and reason for leaving.			
<input type="text"/>			
If applicable, please list any other names by which you have been known. For example, change of name, use of an assumed name, nickname etc.			
<input type="text"/>			

EDUCATION

	School Name & Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduate / Professional	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



East Lyme Ambulance Fund, Inc.

Were you ever disciplined? If so, for what?

Employer #2

<input type="text"/>		<input type="text"/>		<input type="text"/>
Name		Address		Type of Business
Telephone	<input type="text"/>	Job Title	<input type="text"/>	
From	<input type="text"/> / <input type="text"/> / <input type="text"/>	To	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Duties	<input type="text"/>			
Supervisor's Name	<input type="text"/>			
Reason for Leaving?	<input type="text"/>			
Were you ever disciplined? If so, for what?	<input type="text"/>			

REFERENCES [Optional]

Please list the names of any additional work-related references we may contact. If you have no prior work experience, you may list references from school or volunteer-related activities.

Name	Company	Role	Telephone	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



East Lyme Ambulance Fund, Inc.

CERTIFICATION

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, please contact East Lyme Ambulance Fund, Inc. before initialing.

I understand and accept that, if I am hired, I may be hired conditional on passing any medical examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

I give my approval for the employer to obtain information from my current and former employers.

Initials: _____

I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

I solemnly swear that all the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, including authorization for a criminal or other background check. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: _____

Applicants Signature

Date

Applications may be returned by email to: **president@eastlymeambulance.com**

Or via mail to:

President, East Lyme Ambulance Fund, Inc.
PO Box 965, Niantic, CT 06357

