

East Lyme Ambulance Fund, Inc.

APPLICATION FOR EMPLOYMENT

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

Applicant Name		Position Applied For	
Telephone Number		Alternate Number	
Present Address			
	Street, Apartment, or Unit Number		
	City	State	Zip
Time at address		Yrs / Months	
Email Address			
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.			
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.			

EDUCATION

	School Name & Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed
High School				
College				
Graduate / Professional				



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DRIVERS INFORMATION

Do you have a current valid driver's license? Yes No

If yes, License No: _____ State: _____ Expiration Date _____

Has your license ever been suspended or revoked? Yes No

If Yes, please explain: _____

Please list all moving traffic violations in the last five (5) years:

Offense	Date	State	Comments

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Employer #1 (Current / Most Recent)

Name Address Type of Business

Telephone _____ Job Title _____

From ____ / ____ / ____ To ____ / ____ / ____

Duties _____

Supervisor's Name _____

Reason for Leaving? _____



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Were you ever disciplined? If so, for what?

Employer #2

Name	Address	Type of Business

Telephone <input style="width: 90%;" type="text"/>	Job Title <input style="width: 90%;" type="text"/>
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From <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	To <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>
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Duties

Supervisor's Name

Reason for Leaving?

Were you ever disciplined? If so, for what?

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



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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

