

OSAGE AMBULANCE DISTRICT

Application for Employment

Date _____

Position(s) Applied For: _____

Referral Source _____

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Telephone (_____) _____ Social Security Number ____/____/____

Birth Date _____ Cell Phone # (_____) _____

Have you ever filed an application here before? ___ No ___ Yes date _____

Have you ever been employed here before? ___ No ___ Yes date _____

Are you employed now? __ Yes __ no may we contact your present employer __ yes __ no

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? ___ Yes ___ no (proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work?

___ Full time

___ Part time

___ 12 hour shifts

___ PRN

Are you on a lay off and subject to recall? ___ Yes ___ No

Can you travel if a job requires it? ___ Yes ___ No

Have you been convicted of a felony within the last 7 years? ___ Yes ___ No

(Conviction will not necessarily disqualify applicant from employment)

If yes, please

explain _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Education

	Elementary	High school	College/ University	Graduate/ Professional
School Name				
Years Completed				
Diploma/ Degree				
Describe course of study				
(Describe specialized training, apprenticeship, skills, and extra curricular activities)				

Honors received: state any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant

date signed

Employment History

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names that indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer #1	telephone	Dates employed		Worked performed
		From	to	
Address		Hourly rate/salary		
		Starting	final	
Job title		Supervisor		Reason leaving
Employer #2	telephone	Dates employed		Worked performed
		From	to	
Address		Hourly rate/salary		
		Starting	final	
Job title		Supervisor		Reason leaving
Employer #3	telephone	Dates employed		Worked performed
		From	to	
Address		Hourly rate/ salary		
		Starting	final	
Job title		Supervisor		Reason leaving

