

TWIN CITY AMBULANCE APPLICATION FOR EMPLOYMENT

Notice to Applicant: We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other characteristic.

Personal Information (please print)

Name: _____		Social Security: ____-____-____	
(Last)	(First)		
Address: _____			
City: _____	State: _____	Zip: _____	Phone: () _____
Other Phone: () _____		Referral Source: _____	
Hours Requested (circle) Full Time Part Time Date Available: _____			

Position Information (please print)

Position Applied For: _____	
Have you ever worked for this organization? _____ If so, date(s): _____	
Prior Position(s): _____	
Reason(s) for Leaving: _____	

Certification Information (please print)

List only Current Certifications - Photocopies required at interview.

Certification	Certification Number	Expiration Date	Instructing Agency
CPR			
EMT Level: _____			
Buffalo Ambulance			
National Registry			
PALS			
ACLS			
BTLS			
EMD			
New York CDL			
Other: _____			

Do You have a valid NYS Drivers License? (circle) YES NO Class: _____

List All Traffic Violations (convictions) and Accidents in the last 5 years: _____

Employment History (please print) List Current First

This section can be left blank if resume is attached and includes all of the following information.

Current: _____ Dates: _____ Telephone: (_____)

Address: _____

Position and Work Personally Performed by you: _____

Previous: _____ Dates: _____ Telephone: (_____)

Address: _____

Position and Work Personally Performed by you: _____

Previous: _____ Dates: _____ Telephone: (_____)

Address: _____

Position and Work Personally Performed by you: _____

Previous: _____ Dates: _____ Telephone: (_____)

Address: _____

Position and Work Personally Performed by you: _____

Education (please print) list from present to past

This section can be left blank if resume is attached and includes all of the following information.

School / Institution	Major or Area of Study	Degree or Number of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (please print)

Name	Relationship to Applicant	Telephone	Years Known
_____	_____	()	_____
_____	_____	()	_____
_____	_____	()	_____
_____	_____	()	_____

Other Information (please print)

Name of friends and / or relatives employed by this organization: _____

Position held: _____

Emergency Contact (please print)

In the event of an emergency, who should we contact?

Name	Relationship to Applicant	Phone Number
_____	_____	()
(Last) (First)		
Name	Relationship to Applicant	Phone Number
_____	_____	()
(Last) (First)		

Acknowledgement (please read carefully)

I hereby certify that the information contained in this application form and in any attachment listed below (hereafter made a part of this application) is true and correct to the best of my knowledge and agree to have any of the statements checked by the organization unless I have indicated to the contrary. I authorize the references listed above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the organization or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

Attachments: _____

Applicant's Signature _____

Date _____

Pre-Employment Check Off Sheet



Twin City Ambulance
365 Fillmore Ave.
Tonawanda, NY 14150

Name:

Last

First

Middle

DATES

Initials of
Evaluator

Date of Interview:

☐ PASS

☐ FAIL

Date copied Drivers License/SS Card/Certifications:

Date received MVR:

☐ PASS

☐ FAIL

Date of Drug Testing:

☐ PASS

☐ FAIL

Date received Reference(s)

☐ PASS

☐ FAIL

Date of Orientation Class:

Date Filled out I-9 & W-4 Forms:

Date put online:

Date of Physical Examination:
