

Med-Care Ambulance

290 Highland Terrace
Mexico, Maine 04257
207-364-8748 Business Phone
207-369-0635 Fax

Employment Application

Applicants are considered for all positions without regard to race, color, national origin, religion, age, sex, marital status or veteran status. Med-Care Ambulance complies with all state and federal non-discrimination laws, including but no limited to the American with disabilities Act.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip

Phone: _____ E-mail Address: _____

Date available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position applied for: _____

Do you currently possess a Maine EMS License: Yes No: If Yes, what is your license #: _____

Are you a citizen of the United States: Yes No: If No, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company: Yes No: If So, when? _____

Have you ever been convicted of any violation of state or federal criminal laws or code in the last 10 years? Violations will not necessarily disqualify you from employment. Yes No

If yes, explain: _____

Are you able to perform the essential and marginal functions of the job applied for with or without reasonable accommodation? Yes No

If no, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Describe any special skills, training, certifications, experience or knowledge you possess that are relevant to the job that you are seeking:

References

Please list three professional references

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ Starting salary: \$ _____ Ending salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ Starting salary: \$ _____ Ending salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ Starting salary: \$ _____ Ending salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I hereby certify that the facts set forth in my employment application are true and complete to the best of my knowledge. I authorize Med-Care Ambulance to investigate all information set forth in my application by contacting my prior employers and other references set forth above, and by any and all means authorized or permitted by law or statute. I understand that if I am hired, omissions or false or misleading information statements in this application or in interviews can be grounds for immediate termination or my employment.

I understand that if I am hired, my employment with Med-Care Ambulance is terminable "at will", and that I have the right to terminate my employment with Med-Care Ambulance without cause and with or without notice at any time. If I am hired, I understand that all benefits, policies, and procedures may be modified or changed at any time with or without notice. I understand that this application form, Med-Care Policy and Procedures and all other communication distributed to me by Med-Care, whether or oral, before hire or after I am employed, does not constitute or supplement any contract or employment. I further understand that no agent or representative of Med-Care has the authority to make any promise or agreement contrary to the foregoing, unless it is in writing and signed by the Executive Director or Director of Med-Care Ambulance.

Signature: _____ Date: _____

Office Use Only

Date received: _____ By: _____ Interviewed scheduled on: _____ At: _____

Notes: _____

**Authorization for Release of Information
&
Release and Waiver of Claims**

I hereby authorize my former employer, _____, to furnish to Med-Care Ambulance, its agents, and/or employees, any relevant information concerning my employment with it, including but not limited to information concerning my work habits, performance, attendance, discipline, promotions, demotions, and my reason for leaving. By making this request, I hereby release my former employer, its agents and/or employees, of and from any and all claims and liabilities, of any kind whatsoever, arising out of their compliance with this request.

Signature: _____ Date: _____