

DRYDEN AMBULANCE, INC.
P.O. Box 397
26 NORTH STREET
DRYDEN, NEW YORK 13053
PHONE NO: (607) 844-5064 FAX NO: (607) 844-3249

Employment Application

Dryden Ambulance, Inc. is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

ANSWER ALL QUESTIONS COMPLETELY. INCOMPLETE APPLICATIONS WILL BE REJECTED

Title of position Applying for? _____

Name: _____ Telephone: (_____) _____
Last First M

Street Address: _____ Apt.#. or Box #: _____

City _____ State _____ Zip _____ S.S. # _____

Are you 18-years of age or older? () Yes () No If not, Date of Birth: _____

Were you known to any employer school or reference by another name? () Yes () No

If yes, please indicate other name(s): _____

AVAILABILITY

Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Are there any hours, shifts or days you cannot or will not work? () Yes () No

If yes, when: _____

How far do you live from this location? _____ Means of transportation to work: _____

(PLEASE TURN PAGE OVER AND CONTINUE)

Are you currently on a Layoff Status, Leave of Absence or other Suspension of Employment and subject to recall with an employer? () Yes () No

If yes, provide details: _____

Have you ever been discharged (or terminated) by a former employer? () Yes () No

If yes, provide details: _____

The position you are applying for requires the use of a motor vehicle. Do you have a valid drivers license? () Yes () No

If yes, what State? _____ I.D. #: _____
(PLEASE SUBMIT A PHOTO COPY OF YOUR VALID DRIVERS LICENSE WITH THE APPLICATION)

If no, can you obtain one? () Yes () No

YOUR DRIVING RECORD WILL BE CHECKED AS PART OF THE BACKGROUND INVESTIGATION PROCESS

EDUCATION:

High School _____ Address _____

City _____ State _____ Zip _____

Did you graduate? () Yes () No Last grade completed? _____

Trade or College _____ Address _____

City _____ State _____ Zip _____ Last grade completed _____

Course/Major _____ Degree(s) or Certification(s) _____

Grade Point Avg. _____ Did you graduate? () Yes () No

If no, provide details _____

MILITARY SERVICE

Branch _____ Dates of Service _____ Rank _____

(PLEASE CONTINUE)

EMPLOYMENT HISTORY
(Start with most recent employer)

Company _____ Address _____
City _____ State _____ Telephone (____) ____ - ____
Job Title _____ Salary/Wage _____ per _____
Dates Worked: From _____ To _____ Still Employed? () Yes () No
May we contact this employer? () Yes () No Supervisor _____
Reason for leaving _____
Reference Check Performed By _____

Company _____ Address _____
City _____ State _____ Telephone (____) ____ - ____
Job Title _____ Salary/Wage _____ per _____
Dates Worked: From _____ To _____ Still Employed? () Yes () No
May we contact this employer? () Yes () No Supervisor _____
Reason for leaving _____
Reference Check Performed By _____

Company _____ Address _____
City _____ State _____ Telephone (____) ____ - ____
Job Title _____ Salary/Wage _____ per _____
Dates Worked: From _____ To _____ Still Employed? () Yes () No
May we contact this employer? () Yes () No Supervisor _____
Reason for leaving _____
Reference Check Performed By _____

AGREEMENT

(PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED)

I hereby certify that I have read and fully comprehend this application and that the facts set forth in this employment application (and accompanying resume if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation shall disqualify my candidacy for employment.

I Agree _____

I understand that in connection with my application for employment and inquiry into my background may include a criminal history investigation and I authorize the employer to release needed information to obtain this report.

I Agree _____

AUTHORIZATION TO RELEASE INFORMATION: I authorize the references and/or employers listed on this application to be contacted to obtain necessary employment history information.

I Agree _____

NO DRUG USE POLICY: Dryden Ambulance, Inc. does not hire or employ persons who use illegal drugs. All persons seeking employment or currently employed with Dryden Ambulance, Inc. shall be required to submit to a Drug Screening Tests prior to employment and at a random intervals for the duration of their employment.

I Agree _____

**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF INFORMATION**

By your signature below, you hereby authorize officials of Dryden Ambulance, Inc. To release any additional information provided in this application in order to obtain additional information necessary to complete the application process.

Print Name

Social Security Number

Applicant's Signature

Date

*** (DATE OF BIRTH IS REQUIRED AS AN IDENTIFIER TO REQUEST CRIMINAL RECORDS ONLY. DRYDEN AMBULANCE, INC. DOES NOT DISCRIMINATE BASED ON AGE.)
(WE ARE AN EQUAL OPPORTUNITY EMPLOYER.)

IMPORTANT EMPLOYEE INFORMATION NEEDED
**(IF HIRED, THE FOLLOWING INFORMATION WILL BECOME A PERMANENT PART OF
YOUR PERSONNEL FILE)**

Employee Name _____ Date of Birth _____

If you were injured at work, whom would you like to have notified?

Name of Emergency Contact	Telephone Day	Night	Relationship
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Are you currently taking any prescribed medications? () Yes () No

If yes, please list: _____

Do you have any Allergies? () Yes () No

If yes, please explain _____

Do you have any other Illnesses or Physical Disabilities we should be aware of?

If yes, please explain _____

Employee Signature

Date