

# Sullivan County Ambulance Service

## *Employment Application*



This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applications will receive consideration without discrimination because of sex, marital status, race, color, creed, national origin, sexual orientations, or military reserve membership. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review.



**Sullivan County Ambulance Service**  
1816 N Section St, Sullivan, IN 47882  
812-268-0187

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

DOB \_\_\_\_\_ US citizen? yes no visa

Driver's License Number \_\_\_\_\_

**Employment desired**

Position \_\_\_\_\_ Date Available \_\_\_\_\_

Have you applied here before? \_\_\_\_\_ When? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ May we contact employer? \_\_\_\_\_

Referred by \_\_\_\_\_

**Education** *(please list school/ # years attended/ field of study)*

High School \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

College \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Trade \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**EMS related training**

Please provide certification numbers and expirations dates if applicable

State Certification \_\_\_\_\_ level? \_\_\_\_\_

CPR \_\_\_\_\_

ACLS \_\_\_\_\_

PALS \_\_\_\_\_

What NIMS training have you received? \_\_\_\_\_

What Hazmat training have you received? \_\_\_\_\_

Other \_\_\_\_\_

Activities \_\_\_\_\_

\_\_\_\_\_

Military Service \_\_\_\_\_ Rank \_\_\_\_\_  
 Presently serving? \_\_\_\_\_ Where? \_\_\_\_\_

**Employment History**

*(Please list last 3 employers starting with the most recent first)*

Dates Employed	Name of employer Phone number	salary	Position	Reason for leaving

**References**

*(Give the names of 3 persons not related to you whom you have known at least one year)*

Name	Contact information	Relationship	Years acquainted

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed my employment may be terminated at any time. In consideration of my employment, I agree to conform to the County's rules and regulations. I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time, at either my or the County's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice at any time by the County.

I authorize all former employers, persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If County policy requires I am willing to submit to drug testing to detect the use of illegal drugs prior to employment.

Date \_\_\_\_\_ Signature \_\_\_\_\_