

Guilfoyle Ambulance Service
P.O. Box 88
438 Newell Street
Watertown, NY 13601
Office 315-788-8105 Fax 315-785-9112

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION:

DATE _____

NAME _____ SOCIAL SECURITY NUMBER _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE # HOME _____ CELL _____

DRIVERS
 LICENCE # _____ STATE _____ CLASS _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE US? YES NO

PLACE OF BIRTH _____ ARE YOU 18 AT TIME OF HIRE? * YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? ** YES NO

DESCRIBE: _____

HAVE YOU HAD ANY MOTOR VEHICLE ACCIDENTS OR VIOLATIONS IN PAST 3 YEARS? YES NO
If Yes Please Describe _____

*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40, BUT LESS THAN 70 YEARS OF AGE.

**YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

EMPLOYMENT DESIRED:

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OR YOUR PRESENT EMPLOYER? _____

EVER APPLIED WITH THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION:

NAME AND LOCATION OF SCHOOL _____ *NO. OF YEARS ATTENDED _____ DID YOU GRADUATE? _____ SUBJECTS STUDIED _____

GRAMMAR SCHOOL _____

HIGH SCHOOL _____

COLLEGE _____

EMT/PARAMEDIC TRAINING LEVEL OF CARE _____ # _____ EXP. _____

GENERAL:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

US MILITARY
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

FORMER EMPLOYERS: (LIST BELOW THREE EMPLOYERS STARTING WITH THE LAST ONE FIRST).

DATE MONTH AND YEAR FROM TO	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

PLEASE DESCRIBE: _____

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

SKILLS:

PLEASE DESCRIBE ANY SKILLS YOU HAVE IN THE FOLLOWING AREAS:

COMPUTER/FOREIGN LANGUAGES SPOKEN/ OTHER

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

VALID NY EMT/ PARAMEDIC CARD?

YES NO

VALID CPR CARD?

YES NO

VALID ACLS CARD?

YES NO

VALID PALS CARD?

YES NO

NY DMV ABSTRACT?

YES NO

RELEASE OF INFORMATION?

YES NO

HIRED: Yes No

POSITION

DEPT.

SALARY/WAGE

DATE OF HIRE

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION. THIS APPLICATION FOR EMPLOYMENT FORM IS SOLD FOR GENERAL USE THROUGHOUT THE UNITED STATES. TOPS ASSUMES NO RESPONSIBILITY FOR THE INCLUSION IN SAID FORM OF ANY QUESTIONS, WHICH WHEN ASKED BY THE EMPLOYER MAY VIOLATE STATE AND FEDERAL LAW.