



Application for Employment

McGonigle Ambulance Service is an Equal Opportunity Employer. You are not required to give any information on this form that is prohibited by applicable laws.

Full name: _____ Date: _____

Current Address: _____

City: _____ State: _____ Zipcode: _____

Permanent Address: _____

City: _____ State: _____ Zipcode: _____

Telephone Number (Home): _____ (Work): _____

Cellular Number: _____ Other Number: _____



Do you have a legal right to accept employment in the United States? _____ If no, please explain: _____

Are you over 18 years of age? _____ Do you have a valid drivers license? _____ If no, please explain: _____

Drivers License Number: _____ State: _____

Driving Offenses? _____

Have you ever been convicted of a felony or misdemeanor? _____ If yes, please explain: _____



What is the primary position that you are applying for? _____

Please provide any other position that you are interested in? _____

Wages expected? _____ Referred by: _____

Have you ever been employed by McGonigle Ambulance Service Inc. before? _____ If "Yes", please provide dates and position held: _____

Why do you wish to become an employee of McGonigle Ambulance Service: _____

Do you currently work with or belong to belong to any emergency service agency: _____

Please name all EMS organizations for which you are employed or volunteer: _____

Please briefly explain any qualifications you have that relate to the position(s) for which you are applying:

EMS Certification: _____

State(s) of Issue: _____ Certification #: _____ Expiration: _____

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Are you currently employed: _____ Employer Telephone Number: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zipcode: _____

If needed, may we contact your employer: _____ If no, why: _____

List any subjects of special study or research: _____

What foreign languages do you speak, read, or write fluently: _____

List activities of interest (civic, athletic, etc.): _____

Exclude organizations, the name or character of which indicates the race, sex, creed, marital status, age, color, sexual preference, or national origin of its' members.

Employment History

Employer	Kind of work	Dates employed	Reason for leaving

Professional Education

Education	Name/Address	Certificate/Diploma	Subjects Studied
High School			
College			
Other			
Other			

Health or Related Education

Course Name	Location	Date

References

(List only references not related to you)

Name	Address	Phone Number	Years Acquainted

Agreement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize McGonigle Ambulance Inc. to make such investigations and inquires of my personal, employment, or medical history and other related matters as may be necessary in arriving at a decision for membership.

I hereby release McGonigle Ambulance Service Inc., its members, schools, employers, and persons from all liability regarding inquiries made in connection with this application.

In the event of acceptance, I understand that false or misleading information given in this application or interview may result in immediate discharge. I also understand that I am required to abide by all rules and regulations set forth in the policies and procedures of McGonigle Ambulance Service Inc.

Date

Signature of Applicant

Signature of Witness