

DuBois EMS Ambulance Inc.

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

Personal Information

Name (Last Name First)			Social Security #	
Present Address	Apt#	City	State	Zip Code
Permanent Address	Apt#	City	State	Zip Code
Phone #	Cell #	Date of Birth		

Desired Employment

Position	Date You Can Start	Salary Desired
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	May We Call Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied to DuBois EMS Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Ever Worked for DuBois EMS Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Reason for Leaving		
Name of Last Supervisor at DuBois EMS		
Who Referred You to DuBois EMS?		
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In		
<input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement <input type="checkbox"/> Other		

Education

School Level	Name and Location of School	# of Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

General

Subjects of Special Study Or Research
Special Training
Special Skills

Former Employers

List Below Last 3 Employers, Starting With the Most Recent One

Name of Present Or Last Employer				
Address		City	State	Zip Code
Starting Date	Leaving Date	Job Title	Weekly Starting Salary	Weekly Ending Salary
Name of Supervisor	Title	Phone	May We Contact Your Supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Work				
Reason for Leaving				

Name of Present Or Last Employer				
Address		City	State	Zip Code
Starting Date	Leaving Date	Job Title	Weekly Starting Salary	Weekly Ending Salary
Name of Supervisor	Title	Phone	May We Contact Your Supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Work				
Reason for Leaving				

Name of Present Or Last Employer				
Address		City	State	Zip Code
Starting Date	Leaving Date	Job Title	Weekly Starting Salary	Weekly Ending Salary
Name of Supervisor	Title	Phone	May We Contact Your Supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Work				
Reason for Leaving				

References

Below, Give the names of three persons (not relatives) whom you have known for at least one year.

Name	Address	Business	Years Acquainted

Service Record

Branch of Service	Discharge Date & Rank

Have You Been Convicted of a Felony Within The Past 5 Years?

Yes

No

If Yes, Explain (Will Not Necessarily Exclude You From Consideration.)

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and 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 and employers 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 the company from any and all liability for any damage that may result from utilization of such information."

"I also understand that if I become employed by DuBois EMS Ambulance Service Inc., I will abide by the company rules and regulations as is stated in the employee handbook."

Date

Signature of Applicant