



## APPLICATION FOR EMPLOYMENT

Monroe Ambulance/Transportation is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

*Please print and fill out all sections*

DATE OF APPLICATION: \_\_\_\_\_

POSITION(S) APPLYING FOR: \_\_\_\_\_

DATE AVAILABLE TO START: \_\_\_\_\_

FULL TIME [ ]                      PART TIME [ ]

Please list below the hours and days you would be available to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							

How were you referred to us?: \_\_\_\_\_

### PERSONAL INFORMATION:

Last Name                                      First Name                                      Middle Name  
\_\_\_\_\_

Street Address  
\_\_\_\_\_

City, State, Zip Code  
\_\_\_\_\_

Phone Number Home:                      Cell:                                      Daytime Phone:  
( ) \_\_\_\_\_                      ( ) \_\_\_\_\_                      ( ) \_\_\_\_\_

Have you ever applied to / worked for us before? [ ] Y or [ ] N  
If yes, please explain where (include date):  
\_\_\_\_\_  
\_\_\_\_\_

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [ ] Y or [ ] N

If hired, are you willing to travel if the job requires it? [ ] Y or [ ] N

Are you able to perform the essential functions of the job, for which you are applying, such as lifting, either with / without reasonable accommodation? [ ] Y or [ ] N

If no, describe the functions that cannot be performed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: Monroe complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

Have you ever been convicted of a felony? [ ] Y or [ ] N

If yes, please explain: \_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

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**If applying for an EMS or Driving / Transportation position, please provide the following where applicable:**

EMS CERTIFICATIONS Driver's License Number: \_\_\_\_\_

Level: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Class: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Endorsements: \_\_\_\_\_

*Please note: if hired for a driving position you must possess and maintain a valid NYS driver's license and have the ability to maintain required NYS background clearances and physical that pertain to specific job descriptions.*

**Our insurance requires that drivers of our vehicles must be 21 years or older. Do you meet this requirement? [ ] Y or [ ] N**

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**Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any **foreign** languages you can speak, read and/or write

Speak: \_\_\_\_\_

Read: \_\_\_\_\_

Write: \_\_\_\_\_

Are you currently employed? [ ] Y or [ ] N

Are you currently on lay-off status and subject to recall? [ ] Y or [ ] N

If you are currently employed, may we contact your current employer? [ ] Y or [ ] N

### Employment History

Below, please describe past and present employment positions starting with your most recent or current employer. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Position & Duties: \_\_\_\_\_  
\_\_\_\_\_

Hourly rate/salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

If no, why? \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Position & Duties: \_\_\_\_\_  
\_\_\_\_\_

Hourly rate/salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

If no, why? \_\_\_\_\_

Employment History Continued:

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Position & Duties: \_\_\_\_\_

\_\_\_\_\_

Hourly rate/salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

If no, why? \_\_\_\_\_

**Education, Training and Experience**

**High School:**

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N

Degree / diploma earned: \_\_\_\_\_

Describe any honors you have received: \_\_\_\_\_

Describe any specialized training, or Certifications: \_\_\_\_\_

**College / University:**

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N

Degree earned: \_\_\_\_\_

Describe any honors you have received: \_\_\_\_\_

Describe any specialized training, or Certifications: \_\_\_\_\_

**Military:**

Branch: \_\_\_\_\_

Rank in Military: \_\_\_\_\_

Total Years of Service: \_\_\_\_\_

Skills/duties: \_\_\_\_\_

Related details: \_\_\_\_\_

**References**

Give name, address and telephone number of three references who are not related to you, **at least one** of which should be a previous employer.

Name - First, Last: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please Read and Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I understand that neither this document or any offer of employment from Monroe Medi-Trans, Inc., d/b/a Monroe Ambulance constitutes an employment contract unless a specific document to that effect is agreed to by the employer and employee in writing. I further understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

- \* NOTE: As a condition of employment you may be subjected to:
- Any type of drug and/or alcohol testing
  - Pre-employment or 19-A physical
  - Criminal background check
  - Motor Vehicle Report

**Applicant's**  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR H.R. DEPARTMENT USE ONLY
Received by HR Representative on: _____ \ _____ \ _____
Processed through Applicant Database on: _____ \ _____ \ _____
HR Representative: _____ (Please Print)
HR Signature: _____