

Application for Employment  
Hurley Ambulance Service



*Applicant Information*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Position applied for  Driver  EMT  Other \_\_\_\_\_  
EMS certification # \_\_\_\_\_ Expiration date \_\_\_\_\_  
Anticipated start date \_\_\_\_\_

*Education (highest level first)*

School \_\_\_\_\_ Location \_\_\_\_\_  
Degree or Diploma \_\_\_\_\_ Major / Area \_\_\_\_\_  
School \_\_\_\_\_ Location \_\_\_\_\_  
Degree or Diploma \_\_\_\_\_ Major / Area \_\_\_\_\_

*Emergency Service or Healthcare Experience (most recent / current first)*

Organization \_\_\_\_\_  
Position \_\_\_\_\_  
Contact name \_\_\_\_\_ Phone \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_  
Organization \_\_\_\_\_  
Position \_\_\_\_\_  
Contact name \_\_\_\_\_ Phone \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_

*Other Employment History (most recent / current first)*

Company \_\_\_\_\_  
Position \_\_\_\_\_  
Contact name \_\_\_\_\_ Phone \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_  
Company \_\_\_\_\_  
Position \_\_\_\_\_  
Contact name \_\_\_\_\_ Phone \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_

## References

Name \_\_\_\_\_ Phone \_\_\_\_\_

How do they know you? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

How do they know you? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

How do they know you? \_\_\_\_\_

## Applicant's Certification and Agreement

**1. Certification of Truthfulness.** I certify that all statements on this Application for Employment are complete and truthful and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

**2. Proof of License, Registration and/or Certification.** If I am applying for a position that requires a license, registration and/or certification, I understand that any offer of employment made by Company is expressly conditioned upon my providing proof satisfactory to the Company that I have a current license, registration and/or certification of the kind required and Company's further verification of this information. I understand that if Company is not able to verify my license, registration and/or certification to its satisfaction, Company may rescind any job offer or terminate my employment.

**3. Authorization for Employment/Educational Information.** I authorize the references listed in this Application for Employment, and any prior employer, educational institution, or any other persons or organizations, to give this Company any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization.

**4. Employment at Will.** If I am hired, in consideration of my employment, I agree to abide by the rules and policies of this Company, including any changes made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself.

**5. Authorization to Work.** If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

**6. Offer of Employment Conditioned on Outcome of Investigation.** I understand that any offer of employment made by Company is also expressly conditioned upon Company's investigation of my background in order to verify information contained in this application, including but not limited to, obtaining information from any former employers, schools and law enforcement agencies. I further understand that if Company is not able to verify information contained in this application to its satisfaction, or if Company obtains information that leads it to conclude, in its discretion, that I should not be employed. Company may rescind any job offer or terminate my employment.

**7. Criminal Records Check.** I authorize the Company to secure my criminal conviction history. I agree to execute the appropriate authorization if necessary to obtain such information.

**8. Driving Record Check.** I agree to execute an authorization for this employer to inquire into, and obtain documents related to, any driving record from every state in which I have held a motor vehicle operator's license or permit.

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

Hurley Ambulance Service is an Equal Opportunity Employer.

This form can be submitted by email to [chief@hurleyambulance.org](mailto:chief@hurleyambulance.org)