

WARREN WENTWORTH AMBULANCE SERVICE

Application for Employment

This application is intended for use by Warren Wentworth Ambulance Service a/k/a WWAS. Warren Wentworth Ambulance Service’s policy prohibits discrimination on the basis of; age, race, color, religion, sex, marital status, sexual orientation, service in the armed forces of the United States, national origin, citizenship, disability or any other protected classification. Screening tests for illegal drug use may be required before hiring and during your employment.

**DATE:**

**NAME:**

**Last First Middle Social Security Number**

**CURRENT MAILING ADDRESS:**

**CURRENT PHYSICAL ADDRESS:**

**PRIMARY PHONE: SECONDARY PHONE:**

**Have you ever been known by a different name? If so why**

**Yes No**

**What position are you applying for?**

**What type of employment are you applying for?**

**Full Time Part Time Per Diem**

**What days are you available?**

**Are you available to work Legal Holidays Weekends**

**Yes No Yes No**

**What are the two most important factors to you in this position**

**Are you currently employed?**

**Yes No**

**Is your intent to continue in your current job(s) if employed with WWAS?**

**Yes No**

List the most recent or present employer first. You must account for the past three (3) employers **or** past five (5) years.

**Company: Company:**

**Address: Address:**

**Phone: Phone:**

**Dates Employed: Dates Employed:**

**May we contact: May we contact:**

**Yes No Yes No**

**Reason for Leaving: Reason for Leaving:**

**Company: Company:**

**Address: Address:**

**Phone: Phone:**

**Dates Employed: Dates Employed:**

**May we contact: May we contact:**

**Yes No Yes No**

**Reason for Leaving: Reason for Leaving:**

**EDUCATION**

**Name of High School Name of College**

**City/State: City/State:**

**Level Completed: Major/Degree:**

**Graduation Date: Graduation Date:**

**CERTIFICATIONS/LICENSES/QUALIFICATIONS - please provide years of experience and expiration dates if applicable.**

**National Registry: NH EMS: BLS/CPR:**

**PALS: ACLS: CCEMTP:**

**Other:**

**REFERENCES - please provide two (2) references (no former employers or relatives) known five (5) or more years.**

**Name: Name:**

**Address: Address:**

**Phone: Phone:**

**Years Known: Relation: Years Known: Relation:**

**IN CASE OF AN EMERGENCY:**

**Name: Name:**

**Relation: Relation:**

**Phone: Phone:**

**EMPLOYEE RELEASE**

Warren Wentworth Ambulance Service (WWAS) sets high standards for its associates. We require compliance with these standards as a condition of employment. You need to carefully consider what will be required **before** accepting a position. As an employee you will be expected to comply fully.

**Customer Service -** totally believes in an supports our customer first approach; be respectful, compassionate and courteous to our customers.

**Job Expectations -** work hours as scheduled; take direction from the Chief and Supervisors; maintain a positive, enthusiastic attitude at all times and be a team player; perform job per the protocol.

I understand and agree that any offer of employment will be contingent upon successful completion of a post job offer and that I am capable of performing the essential functions of the job for which I have applied, with or without reasonable accommodations.

I certify that the statements I have made in this application are true, and I hereby grant Warren Wentworth Ambulance Service permission to verify the accuracy and completeness if this information, contact all or any of my previous or current employers and references and to investigate all educational and criminal records.

I understand and agree that if my application is accepted, my employment may be terminated by me or Warren Wentworth Ambulance Service at any time, with or without cause. I further understand that, if accepted, my employment is for no definite period of time and may be terminated without notice. I understand that any representation made by Warren Wentworth Ambulance Service in connection with my application for employment must be made by an authorized officer of Warren Wentworth Ambulance Service and in writing.

**Applicants Signature Date**

**For Office Use:**

**Hiring Status: Date:**