

Bangs Ambulance, Inc.

205 West Green Street

Ithaca, NY 14850

(607)273-1161

APPLICATION FOR EMPLOYMENT

TO APPLICANT: *You must be 20 years old to complete this application. Federal and State Laws require that all applications be considered without regard to race, religion, color, sex, age, or national origin.*

Personal Data

Name		SS#		Birth Date		
Street Address		Email Address		Home Phone		
City	State	Zip	Sex	US Citizen	Marital Sts	Work Phone

Certifications

EMT Level of Certification	State	Certification Number	Expiration Date
CPR - Agency	State	Course Name	Expiration Date
Other Certifications – Please List Below		Where Taken	Expiration Date
1.			
2.			
3.			

Driving Record

License Number	CDL Class	State	Expiration Date	Name – as appears on license
Infractions – Go Back 10 years				
1.				
2.				
3.				
4.				

EMS Affiliations

Current EMS Affiliation Department/Company with phone number and contact name	Starting Date	Ending Date
Past EMS Affiliation Department/Company with phone number and contact name	Starting Date	Ending Date
Past EMS Affiliation Department/Company with phone number and contact name	Starting Date	Ending Date

Education

School or Institution	Dates Attended	Course of Study
1.		
2.		
3.		

Employment

Employer	Start Date	End Date
Address		Phone Number
Supervisor's Name	Starting Salary	Ending Salary
Type of work performed		
Reason(s) for leaving		
<hr/>		
Employer	Start Date	End Date
Address		Phone Number
Supervisor's Name	Starting Salary	Ending Salary
Type of work performed		
Reason(s) for leaving		
<hr/>		
Employer	Start Date	End Date
Address		Phone Number
Supervisor's Name	Starting Salary	Ending Salary
Type of work performed		
Reason(s) for leaving		

References

Name	Address	Phone	Relationship
1.			
2.			
3.			

Other Interests, Skills, & Qualifications

The above information is true and complete to the best of my knowledge. Should I be employed by Bangs Ambulance, Inc., any misrepresentation or false statement contained herein may be considered cause for possible dismissal. Bangs Ambulance, Inc. has my permission to obtain all necessary information from the references I have listed or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to Bangs Ambulance, Inc.

I understand this application does not constitute an employment contract of any kind. Should I be employed by Bangs Ambulance, Inc., I may resign such employment at any time at my discretion with or without prior notice and Bangs Ambulance, Inc. may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

Signature of Applicant: _____

Date: _____