

STEWART'S AMBULANCE SERVICE

P.O. Box 1399, MEREDITH, NH 03253

PHONE: 603-279-5901 FAX: 603-279-1010

EMPLOYMENT APPLICATION

As part of Stewart's Ambulance Service's commitment to equal employment opportunity, qualified applicants are considered for all positions without regard to race, color, sex, age, religion, pregnancy and related conditions, veteran's status, ancestry or national origin, the presence of a physical or mental disability, sexual orientation, place of birth or marital status.

Date: _____

Name: _____
Last First Middle Maiden

Address: _____
Street City State Zip

How long at present address: _____ Social Security No. _____

Telephone: _____ Cell Phone: _____ Pager: _____

If you are under 18 years of age, please list your age: _____

Position Requested: _____

Days/Hours available to work:

Salary Requested: _____

Mon _____ Fri _____

Tues _____ Sat _____

E-Mail: _____

Wed _____ Sun _____

Thurs _____ No Pref. _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: _____ Full-time only _____ Part-time only _____ Full or Part-time

When are you available to begin work: _____

EDUCATION

	Name of School	Address	Years Completed	Major
High School:				
College:				
Technical:				

Have you ever been convicted of a crime: _____ No _____ Yes

If yes, please explain: _____

Have you been fired or dismissed from any job within the last five years: _____ No _____ Yes

If yes, please explain: _____

Do you have a valid driver's license: _____ Yes _____ No

What is your means of transportation to work: _____

Driver's License No. _____ Expiration Date: _____

Issuing State _____ Operator _____ CDL _____ Chauffeur _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____

Attach copies of cards to application

NH Attendant's License:

Current CPR:

Current ACLS:

Current Certificate:

List any other skills:

Yes	No

Current PALS:

Current NRP:

Current PHTLS/BTLS

Yes	No

EMT-B _____ EMT-I _____ EMT-P _____

Please list two references other than relatives or previous employers

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Phone _____

Phone _____

Please summarize any additional experiences, skills or qualifications which you feel would especially suit you for work with our Company: _____

Military

Have you ever been in the armed forces? Yes _____ No _____ Branch _____

Are you a member of the National Guard or Reserves: Yes _____ No _____

Specialty: _____

Date Entered _____ Dated Discharged _____

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job

held. If you were self-employed, please give firm name.

Employer Name: _____ Supervisor: _____

Address: _____

Street

City

State

Zip

Telephone No: _____

Length of Employment: From: _____ To: _____

Last Salary: \$ _____ Please check one: Hourly _____ Weekly _____ Bi-Weekly _____

Last Job Title: _____

Reason for Leaving (be specific): _____

List the responsibilities you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: _____

Employer Name: _____ Supervisor: _____

Address: _____

Street

City

State

Zip

Telephone No: _____

Length of Employment: From: _____ To: _____

Last Salary: \$ _____ Please check one: Hourly _____ Weekly _____ Bi-Weekly _____

Last Job Title: _____

Reason for Leaving (be specific): _____

List the responsibilities you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: _____

WORK EXPERIENCE

Employer Name: _____ Supervisor: _____

Address: _____
Street City State Zip

Telephone Number: _____

Length of Employment: From: _____ To: _____

Last Salary: \$ _____ Please check one: Hourly _____ Weekly _____ Bi-Weekly _____

Last Job Title: _____

Reason for Leaving (be specific): _____

List the responsibilities you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: _____

I agree to conform to the policies, practices, and procedures of Stewart's Ambulance Service. I understand that my employment will be at-will and may be terminated with or without notice at any time at my option or at the option of Stewart's Ambulance Service. I also understand that only a written agreement expressly to the contrary signed by me and the President of Stewart's Ambulance Service can vary this Employment-At-Will policy.

In connection with my application for employment at Stewart's Ambulance Service, I hereby authorize Stewart's to contact all of my former employers my present employer, and any school I attended. I consent to the release to Stewart's Ambulance Service of any information and records pertaining to my employment or education. I hereby release from liability all individuals and organizations who provide information to Stewart's pursuant to this authorization. I also release from liability Stewart's Ambulance Service and its employees, officers, directors or agents for their acts in connection with the review and processing of my application for employment and for any acts undertaken pursuant to this authorization.

I understand the above information on the Employment-At-Will policy and release of information.

Applicant's Signature

Date

REQUIRED PAPERWORK FOR NEW APPLICANTS

COPIES OF:

CURRENT NATIONAL REGISTRY CARD

CURRENT STATE CERTIFICATION

CURRENT CPR CARD

CURRENT D.O.T. MEDICAL CARD

DRIVER'S LICENSE

DRIVING RECORD

HEPATITIS B AND TB TESTING RESULTS