



Bay Ambulance, Inc.

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Baraga, MI 49908

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PRE-EMPLOYMENT APPLICATION

Our company is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL:

Date _____

Name _____ Home Phone (____) _____
Last First Middle Area Code

Present Address _____
No. Street City State ZIP

Social Security No. _____ Are you over 18? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI? Yes No

If yes, state the offense, location, date and disposition _____

Who should be contacted in case of emergency? _____
Relationship

Name Street Address/State Home Phone AC

Drivers License: State _____ Number _____ Type _____

EMPLOYMENT DESIRED:

Are you seeking full-time part-time volunteer member

Position applied for _____ Salary desired _____

Date Available to start _____

Have you ever applied to our company before? Yes No

Have you ever worked for our company before? Yes No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

How did you learn of our company and/or position? _____

Are you now or do you expect to be engaged in any other business or employment? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No If yes, please specify those days or hours you would be unable or unwilling to work _____

EDUCATION:

Name, Address and Location	Dates	Graduate?	Courses Studied
High School	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
College	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
EMS Certifications:	Date:	Yes <input type="checkbox"/>	EMS License #: State: National Registry:
ACLS PALS CPR	Expiration Date: Date: Date:		
Other Certifications: ITLS/PHTLS PEARS	Expiration Date: Date: Date:		

Are you planning to pursue further studies? Yes _____ No _____ If so, when, where and what course?

List and describe and other Specialized Training _____

HEALTH:

Do you have any health issues that may limit your ability to perform the particular job for which you are applying?

Yes No

If yes, describe _____

Date of last physical exam _____ Results _____

Have you ever been injured on the job? _____ if yes, describe

Nature of Injury	Employer when injured	Year	Cause of Injury
1.			
2.			
3.			

Will you abide by the safety rules of this company? Yes No

Are you willing to take a physical exam and a drug screen at company expense? Yes No

Have you ever received treatment for alcohol or drug use? Yes No

Have you used any illegal drugs in the last twelve months? Yes No

Have you used any marijuana in the last twelve months? Yes No

Days lost in the last two years due to illness _____ Reason _____

WORK HISTORY

List names of employers in consecutive order with the present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Mo. _____ Year _____	To: Mo. _____ Year _____	Starting \$ _____ Ending & _____
Telephone Area Code ()	Nature of Business	Reason for Leaving			

Duties

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Mo. _____ Year _____	To: Mo. _____ Year _____	Starting \$ _____ Ending & _____
Telephone Area Code ()	Nature of Business	Reason for Leaving			

Duties

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Mo. _____ Year _____	To: Mo. _____ Year _____	Starting \$ _____ Ending & _____
Telephone Area Code ()	Nature of Business	Reason for Leaving			

Duties

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Mo. _____ Year _____	To: Mo. _____ Year _____	Starting \$ _____ Ending & _____
Telephone Area Code ()	Nature of Business	Reason for Leaving			

Duties

If you worked in any of your previous positions under another name, please give that name _____

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

SPECIAL SKILLS

Have you had any computer or keyboarding experience or training? Yes No

If yes, please describe _____

What language do you speak fluently? _____

Use the space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Give three references, not relative or former employers.

Name	Address	Phone	Occupation

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made without reservations and agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to the company any information regarding treatment rendered now and in the future. I further understand that the taking of drug tests are a condition of employment and refusal to take such tests when asked will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contracts on behalf of the company without the express written consent of the Director.

Signature _____

Date _____

COMPANY USE ONLY

Interviewed by:

Interviewers remarks:

Date application brought before Membership _____

Is the operation of a company vehicle a job requirement? Yes No

If yes to above, has a request for the driver's record been made? Yes No