



DiLUZIO AMBULANCE SERVICE
 49 COURT STREET - P.O. BOX 505, KEENE, NEW HAMPSHIRE 03431
 (603) 357-0341 (888) 345-8946
 WWW.DILUZIOAMBULANCE.COM

Application for Employment

DILUZIO AMBULANCE SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER

Personal Information				
NAME	Last	First	Middle	
CURRENT ADDRESS	Street / Apt. #	City / Town	State	Zip Code
PHONE NUMBERS	Home	Work	Cell	Other
E-MAIL ADDRESS			SOCIAL SECURITY #	
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are under 18 and it is required, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If employed, can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the best way to contact you?			What is the best time to contact you?	
Other Pertinent Personal Information, Aliases, etc.:				

Employment Desired		
Position(s) Applied For:		Date of Application:
Type of Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PerDiem <input type="checkbox"/> Temporary / Seasonal	Available to Work <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime <input type="checkbox"/> Rotating <input type="checkbox"/> 24's	Date available for work: May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your desired salary range or hourly rate of pay? \$ _____ Per _____		
Are you able to safely perform all the essential functions of the position for which you are applying (with or without reasonable accommodation)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information about the "essential functions" to respond.		
<small>This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to extent permitted by law.</small>		
Have you ever applied for a position with DiLuzio Ambulance Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide the date and position applied for:	
Do any of your relatives work for DiLuzio Ambulance Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give their name and position:	

Educational Background					
School Type	Name and Location of Institution	Dates	Graduated Y/N	Diploma / Degree	Course / Major
High School					
College					
Graduate School					
Technical or Trade School					
Other Schools, Training or Seminars:					

Employment History*Begin with most recent employer; attach additional sheets if necessary.*

Employer Name	Telephone #	Dates Employed: <small>Month / Year</small> to <small>Month / Year</small>
Street Address	City State	Starting Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Starting Job Title / Final Job Title		Final Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Immediate Supervisor and title (for most recent position held)	May we contact for ref.? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission / Bonus / Other Compensation: \$ _____
Summarize the type of work performed and job responsibilities		
Reason for leaving		
What did you like most about the job?		What did you like least about the job?

Employer Name	Telephone #	Dates Employed: <small>Month / Year</small> to <small>Month / Year</small>
Street Address	City State	Starting Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
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Immediate Supervisor and title (for most recent position held)	May we contact for ref.? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission / Bonus / Other Compensation: \$ _____
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Reason for leaving		
What did you like most about the job?		What did you like least about the job?

Employment History (cont.)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not already addressed, have you ever been fired or asked to resign from a job?

Yes No

If yes, please explain:

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our company?

Yes No

If yes, please explain:

References (Do Not Include Relatives)

Name	Title	Relationship to You	Telephone Numbers	Years Known
			Home: Work:	
			Home: Work:	
			Home: Work:	

EMS & Driving History

National Registry #: _____

Exp. Date: _____

CPR Exp. Date: _____

NH EMT License #: _____

Exp. Date: _____

Other: _____

Has your EMS license or ability to practice ever been suspended or revoked or are you currently involved in any proceedings that could affect your license or certification?

Yes No

If yes, please explain (include date, location and disposition of your case):

Driver License #: _____

State of Issuance: _____

Exp. Date: _____

Has your license or ability to drive ever been suspended or revoked; are you currently involved in any proceedings that could affect your license or have you had any moving vehicle violations within the last five (5) years?

Yes No

If yes, please explain (include date, location and disposition of your case):

Special Skills / Qualifications

List any office machines, equipment or computer programs related to the position you are applying for that you are qualified to operate:

Rate your keyboarding (typing) skills:

None

Beginner

Intermediate

Highly Proficient

Relate any additional information that more fully conveys your qualifications:

Other than English, list other languages you speak fluently:

Related Professional Information

Please provide documentation if applicable.

List any job related organizations to which you belong.	Offices Held

List any special accomplishments, publications, awards, etc.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?
 Yes No Not Applicable

If yes, please explain:

Other Information

If yes for any of the following questions, please explain.

Other than minor traffic violations, have you ever been convicted of a crime (this includes drunk, negligent or reckless driving)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any other information that you would like us to consider?		

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to other wise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's administration.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant's Signature: _____

Date: _____