



Ajo Ambulance Employment Application

General Instructions to Complete Application			
1. Complete this application in its entirety. Type or print in blue or black ink.			
2. Sign your name and date on page 4 of this application. Please attach resume if you wish.			
3. Return to us by mail or in person to; Lorenzo Morales, Admin Chief/HR 1850 N. Ajo Gila Bend Hwy Ajo, Az 8521			
4. Or scan completed application and e-mail to adliaison@tabletoptelephone.com			
Applicant Information			
Last Name	First	MI	
Street Address		Apartment/Unit #	
City	State	Zip	
Home Phone	Cell		
Email Address		Date available to start?	
Position Applied For		Salary desired?	
Will you work overtime If asked?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Shift/hours available?	
How did you hear about Ajo Ambulance, Inc.?			
If you are under the age of 18, can you provide proof of eligibility to work?		YES <input type="checkbox"/>	
		NO <input type="checkbox"/>	
1. Are you available to work a 24 hour shift?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	if yes to 4 or 5 please explain;
2. Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3. Ever worked for Ajo Ambulance before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
4. Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
5. Have you ever been fired or asked to resign?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
References			
Please list three professional references			
Full name		Relationship	
Company		Phone	
Address			
Full name		Relationship	
Company		Phone	
Address			
Full name		Relationship	
Company		Phone	
Address			

Education			
High School		City located?	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		City located?	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Post-Graduate or Other		City located?	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Employment History			
Company		Phone #	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
From	To	Reason for leaving	
Responsibilities			
Company		Phone #	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
From	To	Reason for leaving	
Responsibilities			
Company		Phone #	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
From	To	Reason for leaving	
Responsibilities			
May we contact your previous employers?		YES <input type="checkbox"/> NO <input type="checkbox"/>	In no, which?
Other names under which your former employers would know you?			
Did you ever serve in the U.S. Armed Forces?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, branch?
Other skills (Office, billing, typing speed, language, etc.)			

Please complete this section if applying for an EMT-B or Paramedic

PROFESSIONAL TRAINING AND CERTIFICATIONS:

	Name	Location	Certification #	Expires
EMT-B/EMT				
EMT Paramedic				
BCLS/CPR				
ACLS				
PALS				
Other:				
Other:				

Length in time of Certification(round down i.e. 2 1/2 years = 2 years)?

	EMT-B	Paramedic		
Years				

PLEASE READ AND COMPLETE CAREFULLY

1. Do you have a valid driver's license? YES NO

If yes, list the state, number, expiration, and type/endorsement:

2. Have you been cited for any moving violations in the last three years? YES NO

If yes, please list violations; You may list in the space below.

3. Have you had any accidents in the last three years? YES NO

If yes, were you deemed to be the driver at fault?

4. Has your driver's license ever been suspended, revoked, denied or cancelled? YES NO

Other skills, training, or certifications applicable to the position you are applying?

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that my answers are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This includes the requesting of an investigative consumer report as well as a check of my criminal history. I hereby fully waive any rights, or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against Ajo Ambulance, Inc and any outside agency utilized by Ajo Ambulance, Inc as a result of any information that is obtained in this investigation.

If this application leads to employment, I understand that false, missing, or misleading information in my application or interview may result in discharge.

This application is submitted with the understanding that upon acceptance of a formal employment offer, I will be required to successfully pass Ajo Ambulance's pre-placement drug screen testing. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand all applicants may be subject to ongoing drug testing.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature: _____	Date: _____
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Ajo Ambulance, Inc is an Equal Opportunity Employer. It is the practice of Community Ambulance to select and hire and promote employees on the basis of their qualifications, without regard to ethnic or national origin, ancestry, age, race, sex, color, religion, sexual orientation, perceived sexual orientation, marital or veteran status, physical or mental disabilities, medical condition, genetic information or any other legally protected basis.