

# Ajo Ambulance Employment Application

Instructions to Complete Application. Enter NA if not applicable							
1. Complete this application in its entirety.							
2. Sign your name and date on page 3 of this application. Please attach resume if you wish.							
3. Return by email, mail, or in person. Email to ajoamb@gmail.com							
Applicant Information							
Last Name			First/MI				
Street Address					Apt/#		
City			State		Zip		
Mobile #			Email Address				
Position Applied							
Education							
High School		Diploma/GED?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
College		Degree		Associate <input type="checkbox"/>	Bachelor <input type="checkbox"/>		
Employment History - Last or Current job							
Employer				Phone #			
Supervisor				Phone #			
Job Title							
From		To		Salary (optional)			
May we contact your current or previous employer?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Job Duties							
Skills: Word processing, Language, Billing, Data Entry, etc.							

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**Please complete this section if applying for an EMS position.**

## **PROFESSIONAL TRAINING AND CERTIFICATIONS:**

		Certification #	State	Issued	Expires		
EMT-B							
Paramedic							
BLS/CPR							
ACLS							
ACLS							
PALS							
1. Do you have a valid driver's license?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2. Have you been cited for any moving violations in the past three years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
3. Have you had any motor vehicle accidents in the past three years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
4. Has your driver's license ever been suspended?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If you answered Yes to any question and wish to provide further information, please enter below:


Please provide a current three year driving record from AZ MVD. [Servicearizona.com](http://Servicearizona.com)

## **Other skills, training, or certifications applicable to the position you are apply?**


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I authorize investigations of all statements contained in this application for employment as may 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 results 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 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 a withdrawal of employment.

Upon an offer for employment , I will be required to submit and pass a drug screen. I consent to the release of any medical information as may be deemed necessary to determine my capability to perform the job duties to which I am applying. Some jobs require the ability to lift greater than 50 pounds.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. This means that an employee and Ajo Ambulance, Inc do not create a contract. Either party may terminate the employee relationship for any reason or no reason.

Ajo Ambulance, Inc is a Equal Opportunity employere. It is the practice of Ajo Ambulance, Inc to select , and promote employees on the basis of their qualifications, without regard to ethnic, 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 status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 03.11.2025-LDM