

Polson Ambulance, Inc.  
(406) 883-5778 / PO Box 838 / Polson, MT 59860

# Application for employment

## *Personal Commitment to Caring*

Polson Ambulance, Inc. is composed of professional employees all committed to caring for our patients and their families. Our employees strive to provide top quality care in a supportive, sensitive manner. Because this is so important to Polson Ambulance, Inc. we wanted you to know this when you apply for work with us, Thank You.

Please read carefully and complete by printing in ink.

Date of Application: \_\_\_\_\_

Position(S) applied for: \_\_\_\_\_

Full Time       Part Time       Volunteer

Are you willing to work holidays?     Yes       No    Shift Preference:     Day       Night

What date would you be available to work? \_\_\_\_\_ Do you have a valid drivers license     Yes     No

Name (Last, First, Middle)			Social Security No.
Street Address	City	State	Zip
Home Telephone #	Work Telephone #		Message:

### An Equal Opportunity Employer

We are an equal opportunity employer. Qualified applicants are considered for employment without regard to race, creed, color, religion, national origin, sex, age, handicap, disability, marital status, sexual preference, or any other basis prohibited by local, state, or federal law.

### Provide all information requested

Your completed application form may be maintained in our active files for six (6) months from the date you apply.

EMPLOYMENT HISTORY - Begin at number one with your most recent job. Explain any gaps in employment. Please provide all information not included on your resume.

May we contact your present employer?     Yes     No

1. Name of Employer		Address (city and State)		Area Code, Telephone #	
Dates employed From            To		Position Held		Starting Salary	Supervisor Name/Title
Reason For Leaving				Last Name Used	
Brief Description of your responsibilities					

2. Name of Employer		Address (city and State)		Area Code, Telephone #	
Dates employed From            To		Position Held		Starting Salary	Supervisor Name/Title
Reason For Leaving				Last Name Used	
Brief Description of your responsibilities					

3. Name of Employer		Address (city and State)		Area Code, Telephone #	
Dates employed From            To		Position Held		Starting Salary	Supervisor Name/Title
Reason For Leaving				Last Name Used	
Brief Description of your responsibilities					

4. Name of Employer		Address (city and State)		Area Code, Telephone #	
Dates employed From            To		Position Held		Starting Salary	Supervisor Name/Title
Reason For Leaving				Last Name Used	
Brief Description of your responsibilities					

MISCELLANEOUS
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Have you ever been fired from a position?  No  Yes, explain \_\_\_\_\_  
 Were you previously hired here?  No  Yes, When? \_\_\_\_\_  
 Have you applied for a position here before?  No  Yes, What? \_\_\_\_\_  
 Do any relatives/friends work here?  No  Yes, list below: \_\_\_\_\_

Name	Relationship	Department
—	—	—
—	—	—

Are you able to perform all functions of the job for which you are applying?  Yes  No

If no, are there any reasonable accommodations we can make to assist you? \_\_\_\_\_

Have you ever been convicted of a felony (e.g., Use, sale or dispensing illegal drugs, causing bodily injury to another person, theft of property, etc.) Or released from prison within the past seven years?  No  Yes If yes, please state the details and where the conviction occurred. \_\_\_\_\_

NOTE: A conviction will not necessarily bar you from employment.

Education / Skills					
TYPE	NAME AND LOCATION	DATES ATTENDED		MAJOR	DEGREE RECEIVED
		FROM	TO		
HIGH SCHOOL					
COLLEGE					
COLLEGE					
OTHER					

Are you planning to attend school?  No  Yes, When? \_\_\_\_\_ Where? \_\_\_\_\_

List special job related skills and qualifications pertinent to this application or required for this position.

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**PROFESSIONAL LICENSES AND/OR CERTIFICATION**

TYPE	STATE ISSUED	EXPIRATION DATE	NO.
TYPE	STATE ISSUED	EXPIRATION DATE	NO.

Has your license ever been suspended?  No  Yes, When? \_\_\_\_\_ Why? \_\_\_\_\_

**PROFESSIONAL / PERSONAL WORK REFERENCES**

List at least two persons who are not related to you who have knowledge of your qualifications for the position for which you are applying.

NAME	Title / Relationship	Address (Street, City, State, Zip code)	Phone No. we may contact (including area code)
_____	_____	_____	_____
_____	_____	_____	_____

**In compliance with IMMIGRATION CONTROL AND REFORM ACT OF 1986**, all persons will be required to provide both proof of **identity** and **authorization to work** in the United States **prior** to being hired. If you are interviewed, please be prepared to present:

\* Documents which establish BOTH **Identity** and **employment authorization**:

- 1) U.S. Passport
- 2) Certificate of U.S. Citizenship
- 3) Certificate of Naturalization
- 4) Unexpired foreign passport with attached employment authorization.
- 5) Alien registration card with photograph

**OR** \* Documents which establish **ONLY employment authorization**:

- 1) Social Security Card
- 2) Birth Certificate issued by State, County, or Municipality
- 3) Unexpired INS Employment Authorization

**AND** \* Documents which establish **ONLY identity**:

- 1) State issued ID card or Drivers License with photograph or other identifying information.
- 2) U.S. Military Card
- 3) Other documents acceptable to the INS

**Please carefully read this section prior to providing signature below.**

I certify that the information provided on this application (and accompanying resume, if any) is complete, true and correct to the best of my knowledge. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

If offered employment, I consent to any Medical examination required by the facility to determine my ability to perform essential functions of the job for which I make application. I understand that my employment may be conditional upon my ability to perform the essential functions of the job.

I understand that my employment can be terminated at any time and for any reason, at the option of either Polson Ambulance, Incorporated or myself. I further understand and acknowledge that nothing contained in any employee handbook or policy statement nullifies or modifies the foregoing employment at will policy.

I authorize Polson ambulance, Incorporated to solicit information regarding my education, licensure, employment history, character and general reputation and to contact all references listed in this application (and accompanying resume, if any)

I authorize persons, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide Polson Ambulance Incorporation and all affiliates with any relevant information regarding an employment decision.

I release all persons who give information to Polson Ambulance, Incorporated in connection with its request for information, from all claims, liabilities and damages arising out of the furnishing of such information

I understand that any employment will be subject to the personnel policies of Polson Ambulance, Incorporated as they may exist from time to time.

X \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date