

# SUPERIOR AMBULANCE

## Application for Employment

- All information obtained within this application will be held in strict confidence, subject to applicable law.
- Please complete all applicable sections and sign the last page.
- Please print clearly.
- Travel may be required for certain positions.

**Superior Ambulance Service, Inc. prides itself on being an Equal Opportunity Employer. We will not discriminate in employment because of sex, age, race, physical disability, religion, ethnicity, mental disability, marital status, ancestry, or place of origin.**

**1**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Are you legally entitled to work in the USA? \_\_\_\_\_

Are you a New Mexico licensed EMT? \_\_\_\_\_

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

Date you are available for employment: \_\_\_\_\_

Wage or salary desired: \_\_\_\_\_

Have you ever worked for Superior Ambulance before? If yes, when and where? \_\_\_\_\_

Location Applying for:  Albuquerque  Pecos  Roswell  San Miguel County  Santa Fe  Torrance County

Applying for: Full-Time  Part-Time

**2**

### EDUCATIONAL BACKGROUND

Superior Ambulance has a company policy stating a minimum educational level of Grade 12 or equivalent for all positions.

EDUCATIONAL BACKGROUND – relevant to the position applied for

Highest level of education completed: \_\_\_\_\_

Name of educational institute: \_\_\_\_\_

What machines or equipment have you operated which relate to the position you have applied for? \_\_\_\_\_

Are there any skills, experience, of other qualifications which you feel would assist you in performing the duties of the position you have applied for? \_\_\_\_\_

**3a****List below your last three employers, starting with the most recent.**

Employer's Name: \_\_\_\_\_ Commencement Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Reason for Departure: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: (       ) \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer? (If not, state brief reason): \_\_\_\_\_

**3b**

Employer's Name: \_\_\_\_\_ Commencement Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Reason for Departure: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: (       ) \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer? (If not, state brief reason): \_\_\_\_\_

**3c**

Employer's Name: \_\_\_\_\_ Commencement Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Reason for Departure: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: (       ) \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer? (If not, state brief reason): \_\_\_\_\_

**3d**

Employer's Name: \_\_\_\_\_ Commencement Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Reason for Departure: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: (       ) \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer? (If not, state brief reason): \_\_\_\_\_

**4** If you are applying for a position that requires driving, please complete this section:

Do you have a valid driver's license? License #: State:

Due to insurance requirements, drivers must be at least 21 years old. Do you qualify?

**Note:** If you are selected for an interview, you are required to present a copy of your driving record that is not more than 1 week old. After being hired, a copy of this driving record will be placed into your personnel file and an annual update will be required.

Have you received a moving violation, or traffic violation in the past 3 years? \_\_\_\_\_ How many?

Citation(s) Description: \_\_\_\_\_

**5** False information given or implied on an application form is grounds for immediate dismissal without further notice.

I hereby state that all information provided is accurate and may be verified by you. I agree that I may be discharged if Superior Ambulance at any time learns of falsification or material omission in the information provided on this application form and related documents. Superior Ambulance may contact my former employer in connection with the consideration of my employment with them. All references are hereby authorized to release all information which they may have relevant to my employment with them. I hereby release Superior Ambulance, its affiliates, successors, and assigns, and all references from any liability that might be claimed because of information provided by such references.

I agree that I will follow all Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that Superior Ambulance reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.

**Notice to all applicants for All EMT positions and employment positions that require shift work.**

I fully understand that I am applying for a position that requires shift work. I acknowledge and agree that I will be assigned a shift upon hire, and acknowledge that I am not guaranteed a specific shift during my employment with Superior Ambulance. I further acknowledge and agree that I may be reassigned to a shift at anytime to accommodate the operational needs of Superior Ambulance.

Applicant Signature: Date:

**NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT WHO DOES NOT SIGN THE ABOVE STATEMENT.**

**Note:** Additional personal information will be required to complete benefit forms after being hired.

**Thank you for showing an interest in pursuing a career with Superior Ambulance Service, Inc.**