



# CAVALIER AMBULANCE SERVICE INC.

## Employment/Membership Application

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Street Address Apt# PO Box  
City State Zip Code

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ email \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Date Available \_\_\_\_\_ Desired Salary \$ \_\_\_\_\_

Employment desired  Fulltime  Part-time  Flex-Paramedic  Casual/Volunteer  N/A

Membership desired  Regular active member  Associated member  Auxillary Member

Is your age under 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to accept shift work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to accept weekend shifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any relatives that work here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the duties of the job applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you be willing to submit to a Pre-employment drug-test?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Do you have a current drivers license?**  Yes  No  
If yes, list state and DL# \_\_\_\_\_

**Have you had your drivers license suspended or revoked in any state?**  Yes  No  
If yes explain: \_\_\_\_\_

**Have you ever been convicted of a crime in any state?**  Yes  No  
If yes give dates, offense & disposition: \_\_\_\_\_

**Have you ever had a medical license/certification under review, suspended or revoked in any state?**  Yes  No  
If yes explain \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_ Location \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

College/University \_\_\_\_\_ Location \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Degree obtained: \_\_\_\_\_

Professional/  
Other education \_\_\_\_\_ Location \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Degree/certification obtained: \_\_\_\_\_

Professional/  
Other education \_\_\_\_\_ Location \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Degree/certification obtained: \_\_\_\_\_

**PROFESSIONAL LICENSES, CERTIFICATIONS, REGISTRATIONS**

TYPE:	State Issued:	Expires:	Number:
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**SPECIALIZED SKILLS****MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

CONTINUE



**CURRENT/PREVIOUS EMPLOYMENT**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact this employer: Yes No

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact this employer:  Yes  No

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting pay: \$ \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact this employer:  Yes  No

**REFERENCES** (Please provide up to date contact information).

Full Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Company: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ email: \_\_\_\_\_  
Best contact # \_\_\_\_\_ Alternate #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Company: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ email: \_\_\_\_\_  
Best contact # \_\_\_\_\_ Alternate #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Company: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ email: \_\_\_\_\_  
Best contact # \_\_\_\_\_ Alternate #: \_\_\_\_\_

**CONTINUE**

**ADDITIONAL INFORMATION**

(Please provide any additional information you may feel is beneficial here)

**DISCLAIMER AND SIGNATURE**

In exchange for my consideration of my employment/membership application by Cavalier Ambulance:

I understand that this is an application for employment/membership with the Cavalier Ambulance Inc. and that no employment contract is being offered.

I certify that all matters contained in this application are true and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment / membership.

I agree, if employed, to abide by all Cavalier Ambulance Service Inc. rules and regulations. I understand that such employment is for an indefinite period of time and that the service can change wages, benefits and conditions of employment at any time.

I understand that Cavalier Ambulance Service has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; consent to and compliance with such policy is a condition of my employment; and continued employment is based on the successful passing of testing under such policy.

I further understand that, if hired, I shall be on a probationary period of not less than ninety (90) days, and further that any time during the probationary period or thereafter, my employment relation with the Cavalier Ambulance, Inc. is terminable at will for any reason by either party.

I hereby authorize Cavalier Ambulance Service Inc. to investigate all matters contained in this application to include, but not limited to, driver's license history inquiry, criminal background check and contact of prior employers to obtain any information related to my past work performance. I hereby release employers, schools, educational institutions or persons from any and all liability in responding to inquiries in connection with my application

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date