



Cavalier Ambulance Service

"The team that cares"

cavalierambulance.com 701-265-8259



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Position Applied for: _____

Date Available: _____ Desired Salary:\$ _____

Employment Desired: Fulltime Part-time Flex-Paramedic Casual/Volunteer

Is your age under 18? YES NO Are you willing to accept shift work? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you currently employed? YES NO Are you willing to accept weekend shifts? YES NO

Are you able to perform the duties of the job applying for? YES NO Would you be willing to submit to a pre-employment drug screening? YES NO

Were you referred for this position? YES NO If yes, who referred you? _____

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

Do you have a current driver's license? YES NO If yes, state and DL # _____

Have you had your driver's license suspended or revoked in any state? YES NO If yes, explain: _____

Have you ever had a medical license/certification under review, suspended or revoked in any state? YES NO If yes, explain: _____



Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Professional Licenses, Certifications, Registrations

Type: _____ State Issued: _____ Expires: _____ Number: _____

Type: _____ State Issued: _____ Expires: _____ Number: _____

Type: _____ State Issued: _____ Expires: _____ Number: _____

Specialized Skills: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Years Known: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Years Known: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Years Known: _____

Address: _____ Phone: _____



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Current/Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____



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Additional Information

Please provide any additional information you may feel is beneficial.

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 Service, 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 information 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, Inc. 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 Cavalier Ambulance Service, Inc. is terminable at will for any reason by either party.

I here by authorized 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.

Signature: _____

Date: _____