

# UNION AMBULANCE

Mailing Address: P.O. Box 54, Finleyville, PA 15332  
Station Location: Finleyville, Washington Co., Pennsylvania  
Dispatch Phone: (724) 348-2439 Fax: (724) 348-6312  
[www.unionambulance.net](http://www.unionambulance.net)

## JOB APPLICATION FORM

version 5/30/2009

Instructions: **Print clearly in black or blue ink, {not typed}. Please answer all questions. Sign and date when completed.**

### PERSONAL INFORMATION:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

County: \_\_\_\_\_ Twp/Boro/School District: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Addl. Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Addl. Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo. Day Year

Drivers License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Current Status: \_\_\_\_\_ (Active or Suspended) Expires: \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**PHONE NUMBER (S):** \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please Explain: \_\_\_\_\_

### POSITION and AVAILABILITY:

Position Applied For: \_\_\_\_\_ When can you start? \_\_\_\_\_

Check what you are seeking: Full Time Employment: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Days / Hours Available or desired: \_\_\_\_\_

**EDUCATION:**

Name and Address of High School, College, Trade (s)	Diploma/Degree	Graduation Date
_____		
_____		
_____		

Special Skills and Qualifications (Licenses, Training, Awards): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PA Dept. of Health Cert & Nat. Registry Certification Number(s): \_\_\_\_\_

\_\_\_\_\_ { include level & expiration dates  
\* attach cards copied, front & rear }

**EMPLOYMENT HISTORY:**

Present or Last Position/Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Salary: \_\_\_\_\_ per \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes \_\_\_ No \_\_\_

Present or Last Position/Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Salary: \_\_\_\_\_ per \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes \_\_\_ No \_\_\_

Present or Last Position/Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Salary: \_\_\_\_\_ per \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes \_\_\_ No \_\_\_

**REFERENCES:**

Name, Address, Phone, Title & association to you (business, friend, relative)

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Any Additional Comments: \_\_\_\_\_

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**DISCLOSURE:**

I certify that the information contained in this application is true, complete and accurate.  
I authorize investigation and verification of all information provided above, regardless of outcome.  
I understand I will be subject to various testing procedures including, but not limited to:  
    Drug & Alcohol testing, lifting and agility testing, oral and written testing, all necessary  
    structured updates for certifications, licensures, company policies and background checks.  
I do the above testing voluntarily to qualify as part of potential job hiring procedures and evaluations.

I understand that providing false information may be grounds for not hiring me and/or immediate termination of employment at any point in the future, by knowingly providing false information herein.

This application shall be considered active for a period of six months from date of submission.  
Any applicant wishing to be considered for employment beyond this time frame should inquire current availability, if still interested in future employment, at a later date.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_ Method (USPS, FAX, In Person, etc): \_\_\_\_\_

-----OFFICE USE ONLY-----

Initial Appl. Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Interview By: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Comments: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

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