

## APPLICATION FOR EMPLOYMENT

### AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Qualified applicants are considered for employment without regard to race, color, religion, gender, national origin, age, mental or physical disabilities, marital status, veteran status, sexual orientation, gender identity and/or expression, genetic information, or any other characteristic protected by applicable law. All employment decisions shall be consistent with the principles of equal opportunity employment. Accommodations to enable all individuals to participate in the application process may be provided upon advance request.

#### ANSWER ALL QUESTIONS - PLEASE PRINT

Applicant's Name (Last) (First) (Middle)		Date of Application	
Applicant's Address (Street)			
Applicant's Address (City, State, Zip)			
Applicant's Email Address			
Applicant's Primary Telephone Number		Applicants Secondary Telephone Number (if utilized)	
Position(s) Applied For (List Job Titles)		Status Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temporary	
Referral Source <input type="checkbox"/> Job Posting Site _____ <input type="checkbox"/> Networking/Social Media _____ <input type="checkbox"/> College/Career Placement Office <input type="checkbox"/> Job Fair <input type="checkbox"/> Employee <input type="checkbox"/> Other _____			
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	Pay Requirements/Expectations	Date Available for Work
Have you filed an application or been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes give date(s)			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible to be lawfully employed in the United States (proof of authorization to work in the United States will be required to be shown upon employment)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List any friends or relatives employed by the company.  What is the relationship?			
<b>EMPLOYMENT EXPERIENCE (List each job held. Start with your present or last job. Include military service assignments and volunteer activities.)</b>			
Date From	Employer Name	Employer Address	
Date To	Employer Phone Number	Job Title	
<b>1</b>	Work Performed		
	Supervisor Name	Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor Phone Number	Supervisor Email	
Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, What name?			

**EMPLOYMENT EXPERIENCE (List each job held. Start with your present or last job. Include military service assignments and volunteer activities.)**

Date From	Employer Name	Employer Address	
Date To	Employer Phone Number	Job Title	
2	Work Performed		
	Supervisor Name	Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor Phone Number	Supervisor Email	
Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name?			

Date From	Employer Name	Employer Address	
Date To	Employer Phone Number	Job Title	
3	Work Performed		
	Supervisor Name	Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor Phone Number	Supervisor Email	
Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name?			

Date From	Employer Name	Employer Address	
Date To	Employer Phone Number	Job Title	
4	Work Performed		
	Supervisor Name	Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Supervisor Phone Number	Supervisor Email	
Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name?			

**PLEASE EXPLAIN GAPS IN EMPLOYMENT GREATER THAN 90 DAYS**

Dates	Reason

**REFERENCES (List professional references only. Do not list friends or relatives)**

Name and Title	Telephone Number / Email

Education	Name and Address of School	Course of Study	Did you Graduate?	List Diploma / Degree
High School				
College				
Other (Specify)				

Are you known to schools by another name?  Yes  No If Yes, what name(s) are you known by?

**PRE-EMPLOYMENT STATEMENT**

I hereby certify that the information contained in this employment application is truthful, accurate and complete to the best of my knowledge. I understand that material omissions or falsification of this application in any detail may result in my disqualification from consideration for employment or for dismissal from employment.

I understand that my employment is subject to a satisfactory check of references. I authorize representatives of Boothbay Region Ambulance Service to contact educational institutions, state and federal agencies (to conduct driving record and other records checks and verifications) and employers designated in this Application for purposes of verification and investigation of my educational, driving record, and employment background and performance. I authorize representatives of Boothbay Region Ambulance Service to contact state and federal agencies to conduct criminal history records checks that are in compliance with any federal, state, or local statutes or regulations pertaining to such background checks. Such individuals and organizations are authorized to release such information as may be requested by a Boothbay Region Ambulance Service representative. I hereby release all such persons from liability or damages incurred as a result of furnishing such information. I understand that an unsatisfactory reference shall be grounds both for rejecting my Application for employment and, should I be hired by Boothbay Region Ambulance Service, termination of my employment.

I understand that I may be required to undergo drug testing that complies with DOT or State requirements as a condition of my employment.

Please be aware that Boothbay Region Ambulance Service is required to report New Hire information to the state in which the employee works within the required state time frame. Boothbay Region Ambulance Service complies with this legal requirement.

I certify that I am neither suspended nor excluded from participation in Medicare or state health programs under provisions of sections 1128 or 1156 of the Social Security Act.

I understand that upon offer and acceptance of a position with Boothbay Region Ambulance Service I will be required to immediately furnish documentation establishing my identity and eligibility to be legally employed in the United States.

I understand that submission of this application does not entitle me to be interviewed by Boothbay Region Ambulance Service. Further, nothing in this Application or in the employment evaluation process shall be construed as either an offer of employment or an obligation on the part of Boothbay Region Ambulance Service to provide any benefit to me. This Application shall be pending, unless withdrawn by me, until Boothbay Region Ambulance Service makes a decision on whether or not to hire me or until the 60th day after submission of this application to Boothbay Region Ambulance Service, whichever occurs first. If no action is taken on my Application within a 60-day period, I understand that I must re-apply to Boothbay Region Ambulance Service in order to be considered for employment.

I understand that Boothbay Region Ambulance Service is in no way obligated to provide employment, and also that I am in no way obligated to accept employment, if offered. This application does not bind either party, and the statements contained herein do not constitute and should not be interpreted to constitute any sort of contract of employment for a specific period of time.

**Employment At-Will**

I understand that employment at the Boothbay Region Ambulance Service is employment at-will. Employment at-will may be terminated at the will of either me or the Company. Employment may be terminated with or without cause at any time by me or by the Company. Terms and conditions of employment with the Company may be modified at the sole discretion of the Company with or without cause and with or without notice.

I also understand that other than the Board of Directors of the Company, no one has the authority to make any agreement for employment other than for employment at-will or to make any agreement limiting the Company's discretion to modify terms and conditions of employment. Only the Board of Directors has the authority to make any such agreement, and then only in writing.

I understand that no implied contract concerning any employment-related decision or term of condition of employment can be established by any other statement, conduct, policy, or practice. Examples of the types of terms and conditions of employment which are within the sole discretion of the Company include, but are not limited to, the following: Promotion; demotion; transfers; hiring decisions; compensation; benefits; qualifications; discipline; layoff or recall; rules; hours and schedules; work assignments; job duties and responsibilities; production standards; subcontracting; reduction, cessation, or expansion of operations; sale, relocation, merger, or consolidation or operations; determinations concerning the use of equipment, methods or facilities; or any other terms and conditions that the Company may determine to be necessary for the safe, efficient, and economic operation of its business.

After reading all of the terms of this application. I hereby affirm that I understand and agree to the provisions of the same. I agree to conform to Boothbay Region Ambulance Service's rules and I also agree that I shall be subject to other conditions, which Boothbay Region Ambulance Service may adopt. I affirm the information in this application is true and complete, and any intentional deception herein may be considered sufficient cause for dismissal.

Date

Applicant's Signature