** Boundary Ambulance Service**

 **Employment Application**

**Position:**       **Date:**

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **Name (Last, First, Middle)** | **Telephone Number** |
|       |       |
| **Address**  | **Message Number** |
|       |       |
| **City/State/Zip** | **E-mail Address** |
|       |       |

|  |
| --- |
| **Are you legally authorized to work in the United States?** [ ] Yes [ ] No |
| **Are You Applying For:** | **What Shift(s) Will You Work?** | **May We Contact Present Employer?** |
| [ ] F/T [ ] P/T [ ] Temp | [ ] Days [ ] Evenings [ ] Nights | **[ ]** Yes **[ ]** No |

**EMPLOYMENT HISTORY -** Begin With Most Recent Employment

|  |  |  |
| --- | --- | --- |
| **Dates From To** | **Company Name** | **City, State** |
|       |       |       |
| **Titles and Duties –**       |
| **Reason for Leaving:**  | **Supervisor’s Name** | **Telephone Number** |
|       |       |       |
| **Dates From To** | **Company Name** | **City, State** |
|       |       |       |
| **Titles and Duties –**      |
| **Reason for Leaving:**  | **Supervisor’s Name** | **Telephone Number** |
|       |       |       |
| **Dates From To** | **Company Name** | **City, State** |
|       |       |       |
| **Titles and Duties –**      |
| **Reason for Leaving:**  | **Supervisor’s Name** | **Telephone Number** |
|       |       |       |
| **Dates From To** | **Company Name** | **City, State** |
|       |       |       |
| **Titles and Duties –**      |
| **Reason for Leaving:**  | **Supervisor’s Name** | **Telephone Number** |
|       |       |       |

|  |  |
| --- | --- |
| **MILITARY -** Branch of Service: |  |
| **Describe any military training received relevant to the position for which you are applying:**       |

**EDUCATION/TRAINING** - Include Technical/Academic Achievements/Courses

|  |
| --- |
| **Have you obtained a high school diploma or GED certificate?** [ ] Yes [ ] No |
| **School** | **Name & Location** | **Diploma/Degree** | **Subject Of Specialization** |
| **College/University** |       |       |       |
| **S****pecialized****Courses & Training** |       |       |       |

**CLERICAL SKILLS** - To Be Completed for Clerical Positions

|  |  |  |  |
| --- | --- | --- | --- |
| **Typing, WPM** |       | Medical Terminology [ ] Yes [ ] No | Legal Terminology [ ] Yes [ ] No |
| **Shorthand, WPM** |       |  |  |
| **List Specific Computer Skills –**      |

**PROFESSIONAL & TECHNICAL INFORMATION** - To Be Completed for Licensed/Registered Positions

|  |  |  |  |
| --- | --- | --- | --- |
| **Idaho Registration No.** | **Expiration Date** | **Certificate No.** | **Expiration Date** |
|       |       |       |       |
| **If not licensed in Idaho, have you applied?** [ ] Yes [ ] No | **If licensed in another state, list:**       |

|  |
| --- |
| **OTHER SPECIAL SKILLS -** List Other Specific Skills You Have to Offer for This Job Opening:  |
|       |

**REFERENCES -** Give the Names of Three Persons Not Related to You

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Telephone** | **Occupation** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

The information on this application is true and accurate to the best of my knowledge.

Signature Date