



LeRoy Emergency Ambulance Service, Inc.

303 S. East St.
LeRoy, IL 61752
(309) 962-6114

Businessmanager@leroyambulance.org

Application for Employment

Our Policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date of Application: _____ Please Print

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone: (___) ___ - _____ Alternate Phone Number: (___) ___ - _____

Position you are applying for: EMT-B EMT-I EMT-P Other _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?
(Documentation Required) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Are you willing to work night shifts? Yes No

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

If yes when? _____

Date you can start _____

Desired Position _____

Desired starting salary _____

Have you ever been convicted of a felony?

Yes No

(Conviction will not necessarily disqualify applicant from employment.)

*(Illinois applicants: Under Illinois law, applicants are not obligated to disclose sealed or expunged records of convictions or arrest.)

If yes please explain:

Education:

Name and Location

Year Graduated

High School: _____

College: _____

Post College: _____

Other Training: _____

In addition to your work history, are there other skills, qualifications, or experiences that we should consider?

Are you planning to continue studies?

Yes No

References: List three personal references, not related to you, who have known you for more than one year.

Name: _____ Telephone: (____) ____ - _____

Address: _____ Years Known: _____

Name: _____ Telephone: (____) ____ - _____

Address: _____ Years Known: _____

Name: _____ Telephone: (____) ____ - _____

Address: _____ Years Known: _____

Employment History (Start with the most recent employer):

Company Name: _____

Address: _____

Telephone: _____

Position Held: _____

Date Started: _____

Date Ended: _____

Name of Supervisor: _____

May we Contact? Yes No

Responsibilities

Reason for leaving

Company Name: _____

Address: _____

Telephone: _____

Position Held: _____

Date Started: _____

Date Ended: _____

Name of Supervisor: _____

May we Contact? Yes No

Responsibilities

Reason for leaving

Experience:

Please list any formal training, education, certification, licensure, or knowledge that you have gained from previous employment and how it will benefit you in a position with our company.

Creativity and Analytical:

Describe the required degree of imagination, creativity, resourcefulness, invention, problem identification, analysis and interpretation that may be required of you in a role as an EMT or Paramedic.

Applicants Statement:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at this time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant *Date*