** 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