

Butler Ambulance Service  
106 First St., Butler, PA 16001  
(724) 282-9595 Fax (724) 285-8363

DISCLOSURE AND RELEASE

In connection with my employment or/application for employment with Butler Ambulance Service.

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions, and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at this time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

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(Signature)

(Date)

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(Print Name)

(Social Security Number)

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(Driver's License Number)

(State)



# Application For Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address    Number    Street    City    State    Zip Code		
Telephone Number(s)	Twp, Boro, City You Reside In	Social Security Number (Voluntary)
	PA Driver's License #	

Best time to contact you at home is: _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If Yes, give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your friends or relatives, other than spouse, work here? If Yes, who _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Application For Employment

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment.....*

Yes  No

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you available to work:

Full-Time  Part-Time

Are you currently on "lay-off" status and subject to recall?

Yes  No

## EDUCATION

	Name & Address Of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any professional memberships, EMS, emergency services or specific Training.

# Application For Employment



Have you ever been in the Military?

Yes  No

If so, Date of Service? \_\_\_\_\_ To \_\_\_\_\_

**Please circle the appropriate item below:**

Korean Conflict

Persian Gulf

Vietnam Conflict

Operation Enduring Freedom

Desert Storm Conflict

Operation Iraqi Freedom

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

# Application For Employment



Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

# Application For Employment



## References (Personal)

1.	_____ (Name)	( _____ )	_____ Phone #
	_____ (Address)		
2.	_____ (Name)	( _____ )	_____ Phone #
	_____ (Address)		
3.	_____ (Name)	( _____ )	_____ Phone #
	_____ (Address)		

*State any additional information you feel may be helpful to us in considering your application.*

### Please Provide Copies of:

- |   |                               |                               |
|---|-------------------------------|-------------------------------|
| <input type="checkbox"/> EMT/EMTP         | <input type="checkbox"/> ACLS | <input type="checkbox"/> EVOC |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> PALS |                               |
| <input type="checkbox"/> CPR              | <input type="checkbox"/> ITLS |                               |

**Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?  Yes  No