



WELLS EMERGENCY MEDICAL SERVICES
 P.O. Box 1568, 114 Sanford Road, Wells, Maine 04090
 207-641-8099 - James S. Lapolla - director@wellsems.net



APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a new-job-related medical condition or handicap, 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"/> Friend	<input type="checkbox"/> Walk In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	_____		
Last Name		First Name	Middle		
Address Number	Street	City	State	Zip Code	
Telephone Number(s)			Email Address:		

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of citizenship or immigration status will be required upon employment	
On what date would you be available for work?	_____
Are you available to work:	<input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conviction will not necessarily disqualify an applicant from employment.	
If yes, please explain _____	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Have you ever had any job-related training in the United States military
 If Yes, please describe _____

Yes No

Are you physically or otherwise unable to perform the duties of the job
 for which you are applying?

Yes No

EDUCATION

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any honors you received				

PUBLIC SAFETY EDUCATION

EMS License # _____ Maine EMS License # _____ Sponsored By: _____ Exp. Date: _____

	Course Title	Course Location	Course Instructor	Date:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

If you need additional space please continue on a separate sheet of paper.

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

List professional, trade, business or civic activities and offices held (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status).

Indicate any foreign languages you can speak, read, and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

EMPLOYMENT EXPERIENCE

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

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
JOB TITLE SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
JOB TITLE SUPERVISOR	STARTING	FINAL	
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ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
JOB TITLE SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			

REFERENCES

NAME	RELATIONSHIP	ADDRESS	TELEPHONE #
1.			
2.			
3.			

APPLICANT'S 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.

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 Company.

Driver's License #

Exp. Date

Signature of Applicant

Date

FOR DEPARTMENTAL USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date Employed _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title

Date

NOTES:

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