



K-B Ambulance Corps, Inc.
294 Westcott Road
P.O. Box 209
Danielson, CT 06239
(860) 774-7625 Main Line
(860) 779-2069 Fax Number

APPLICATION FOR MEMBERSHIP

KB Ambulance Corps, Inc. will consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(Please Print)

Position Applied For (Paid or Volunteer)		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 Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)	Social Security Number	Date of Birth (Optional)
Email Address		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with KB Ambulance Corps, Inc. before?

Yes No If Yes, give Date _____

Have you ever been employed with KB Ambulance Corps, Inc. before?

Yes No If Yes, give Date _____

Do you have a valid driver's license?

Yes No Class _____ License# _____

Proof of a clean driving record for the last 2 years will be required prior to employment

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

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

Yes No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Stipend Volunteer

Are you currently on "lay-off" status & subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment

If yes please explain: _____

KB AMBULANCE CORPS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATIONAL BACKGROUND

	High School	Undergraduate College / University	Graduate / Professional
School Name & Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree			
Describe course of study			
Describe any specialized training, apprenticeship skills & extra-curricular activities			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering your application			

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

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status

REFERENCES

Give name, address & telephone number of three references who are not related to you & are not previous employers.
1.
2.
3.

Have you ever had any job-related training in the United States Military? Yes No
 If Yes, please describe: _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

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, handicap or other protected status.

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

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

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

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

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

Special Skills & Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

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 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with KB Ambulance Corps, Inc. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of KB Ambulance Corps, Inc.

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 KB Ambulance Corps, Inc.

In the event of employment, I authorize KB Ambulance Corps, Inc. to perform all necessary criminal background checks and will make myself available for any pre-employment drug testing and physical testing required to perform my duties.

Signature of Applicant:

Date:

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

Yes

No

Remarks: _____

Manager Signature: _____

Date: _____