



Trinidad Ambulance District EMPLOYMENT APPLICATION

Trinidad Ambulance District is an equal opportunity employer and selects the best individual for the job based upon job related qualifications, regardless of race, color, religion, sexual orientation, national origin, gender, age, veteran status, ancestry, marital status, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Name: _____
(Last) (First) (Middle)

Physical Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Daytime) (Evening) (Cell)

Email Address: _____ Social Security Number (Optional): _____

Please answer each question fully and accurately. Not action can be taken until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except where indicated. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Position applying for? _____ Today's Date: _____

Are you seeking: ☐ Full Time ☐ Part Time ☐ Volunteer When could you start? _____

How did you learn of this position? _____ Salary Requirement (If applicable) _____

Hours/Shifts Available: _____

Are you over 18 years of age? ☐ Yes ☐ No (The law prohibits discrimination against anyone at least 40 years of age or older)
(If hired or selected, you may be required to submit proof of age.)

Have you ever applied with the TAD before? ☐ Yes ☐ No If yes, when? _____

Were you ever employed with the TAD? ☐ Yes ☐ No If yes, when? _____

Do you have any relatives working for Trinidad Ambulance District? ☐ Yes ☐ No

If Yes, which location/shift? _____

Are you legally eligible for employment in the U.S.? () Yes () No

If hired or selected, can you furnish proof you are eligible to work in the U.S. () Yes () No

Have you ever been refused bond from a bonding company? () Yes () No

If yes, give details: _____

Have you been convicted of any law violation? (Include any plea of "guilty", deferral, "no contest" or "nolo contendere". Exclude minor traffic offenses) () Yes () No

If yes, give details including but not limited to dates, places, charges, and disposition: _____
(Conviction will not necessarily bar you from employment or volunteering)

Is there any reason why you could not adequately perform the essential duties of the job for which you have applied? () Yes () No

If Yes, give details: _____

Have you ever been excluded or debarred from practicing within a federal healthcare program? () Yes () No

If yes, give details list term and reason for exclusion: _____

Do you have a valid driver's license? () Yes () No

If Yes: **State:** _____ **DL#** _____ **Type:** _____ **Exp. Date:** _____

Have you been cited for any moving violations in the last three years? () Yes () No

If yes, give details: _____

Have you had any accidents in the last three years? () Yes () No

If yes, give details: _____

Has your driver's license ever been suspended, revoked, denied or canceled? () Yes () No

If yes, give details: _____

List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.)

EDUCATION & TRAINING:

Type Of School	Name	City/State	Years Completed	Degree	Course/Major Subject
High School					
College					
Voc/Tech					
Other					

EMPLOYMENT HISTORY: List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer or volunteer selections may be contingent upon acceptable references from current and former employers.

Employer	Month & Year From	Month & Year To	
Employer: _____ Address: _____ City: _____ State: _____ ZIP: _____ Name of Supervisor: _____ Phone #: (____) _____	____/____/____	____/____/____	Position: _____ Duties: _____ Last Base Salary: _____ Month/Year Reason For Leaving: _____ _____ _____ _____
Employer: _____ Address: _____ City: _____ State: _____ ZIP: _____ Name of Supervisor: _____ Phone #: (____) _____	____/____/____	____/____/____	Position: _____ Duties: _____ Last Base Salary: _____ Month/Year Reason For Leaving: _____ _____ _____ _____
Employer: _____ Address: _____ City: _____ State: _____ ZIP: _____ Name of Supervisor: _____ Phone #: (____) _____	____/____/____	____/____/____	Position: _____ Duties: _____ Last Base Salary: _____ Month/Year Reason For Leaving: _____ _____ _____ _____

May we contact the one or more of the employers listed above? () Yes () No
Please indicate which: _____

Have you worked or attended school under any other names? () Yes () No
If yes, give names: _____

Have you ever been fired from a job or asked to resign? () Yes () No

If yes, please explain: _____

PROFESSIONAL / WORK-RELATED REFERENCES:

Name

Relationship

Daytime Phone

Evening Phone

EMT's / Paramedic's / RN's applicant must complete the following section.

CERTIFICATIONS HELD	STATE of COLORADO Certification #	National Registry of EMT Certification #	EXPIRATION:
EMT BASIC			State: ____/____/____ NREMT: ____/____/____
EMT INTERMEDIATE			State: ____/____/____ NREMT: ____/____/____
EMT PARAMEDIC			State: ____/____/____ NREMT: ____/____/____
RN/OTHER			____/____/____
ACLS / BCLS			____/____/____
PALS / CPR			____/____/____

PLEASE READ EACH PARAGRAPH CAREFULLY BEFORE SIGNING

By my signature and initials placed below, I affirm under the penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is provided voluntarily, and is true and complete. I understand that any false information or significant

omissions may disqualify me from further consideration for employment or volunteerism and may be justification for my immediate dismissal, even if the omission or falsehood does not directly relate to my job or is not discovered for many years.

I give permission to the Trinidad Ambulance District to request an investigative consumer report agency, as well as a check of my criminal record. I understand that should this application or a criminal record check reveal a conviction of a crime, further processing of this application or my employment, if hired, may be terminated.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements.

I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against Trinidad Ambulance District and any outside agency utilized by Trinidad Ambulance District as a result of any information which is obtained in this investigation.

If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S. I understand that I will be required to possess a current and valid driver's license if my job requires me to drive in the course of my work

This application is submitted with the understanding that upon acceptance of a formal employment offer, I will be required to successfully pass Trinidad Ambulance District's pre-placement testing, including but not limited to a drug and alcohol screen and physical fitness test. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF THE COMPANY OR MYSELF.

SIGNATURE: _____

DATE: ____/____/____

**RELEASE AUTHORIZATION AND
FAIR CREDIT REPORTING ACT DISCLOSURE
[FOR EMPLOYMENT PURPOSES]**

In connection with my application for employment or promotion, I acknowledge that Trinidad Ambulance District may now, or at any time while I am employed by the Trinidad Ambulance District, verify information within my employment application, resume or contract for employment. In the event that information from a report subject to the Fair Credit Reporting Act is utilized in whole or in part in making an adverse decision, I understand that before making the adverse decision, Trinidad Ambulance District will provide to me a copy of the consumer report and a description in writing of my rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

I also understand and acknowledge that Trinidad Ambulance District may also obtain an investigative consumer report including information as to my character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting my present and previous employers or references supplied by me, and

various federal, state and other agencies, including public and private sources which maintain records concerning past activities, including, but not limited to, driving records, criminal records, civil actions, previous employment, educational background, and professional licensing. I understand and acknowledge that I have the right to request, in writing, within a reasonable time, that Trinidad Ambulance District make a complete and accurate disclosure of the nature and scope of the information requested. I acknowledge and agree that a telephonic facsimile or copy of this release shall be as valid as the original.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to Trinidad Ambulance District or any of its affiliates or carriers, or Trinidad Ambulance District designated agent for making such inquiries. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my employment.

Date: ____/____/____ Date of Birth: ____/____/____

Name of Applicant (Please Print): _____

Signature of Applicant: _____

High School and Dates Attended: _____

College and Dates Attended: _____

Graduate School and Dates Attended: _____

Not including current address, list previous addresses for past seven (7) years:

Street	City	State	Zip	Country
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Street	City	State	Zip	Country
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Street	City	State	Zip	Country
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APPLICANTS EEO OR AFFIRMATIVE ACTION INFORMATION

It is the policy of Trinidad Ambulance District to provide equal opportunity to all qualified applicants for employment without regard to race, color, gender, religion, age, ancestry, national origin, sexual orientation, veteran status, marital status or disability. Various agencies of government require employer to invite applicants to identify themselves as indicated below.

Completion of this Section is voluntary and in no way affects the decisions regarding your application for employment.

This form is confidential and will be maintained separately from your application.

Full Legal Name: _____

Position Applying For: _____

What is your gender? () Male () Female

What is your Race/Ethnic Origin: (Check one)

- () American Indian or Alaskan Native
- () Black, not of Hispanic Origin
- () Hispanic
- () White, not of Hispanic Origin
- () Asian or Pacific Islander

Signature: _____

Date: ____/____/____

