

Dickson City Ambulance

Pre-Employment Questionnaire

Date: _____

PERSONAL DATA

Name: _____ Sex: _____
Last First M.I.

Address: _____
Street Apt # City/Town State Zip

Phone Number: _____

Position applying for: _____ Expected pay: _____

Date available to start: _____ Hours available: _____

Do you have a valid driver's license? Y / N
If yes, list number and issuing state: _____

Are you over Age 18? Y / N If no, list age: _____

Are you legally able to work in the United States? Y / N (proof required upon job offer)

Do you have any physical/medical conditions that may limit your ability to work? Y / N
If yes, please list _____

Have you been convicted of any offense greater than a summary in the past 3 years? Y / N
If yes, please list _____

Have you been involved in an accident in the past 5 years that was deemed your fault? Y / N
If yes, please explain _____

Have you ever been in an accident while DRIVING an ambulance, regardless of fault? Y / N
If yes, please explain _____

CERTIFICATIONS/TRAINING

First Responder: _____
Cert # Exp Date

EMT: _____
Cert # Exp Date

CPR: _____
Expiration Date

EVOC: _____
Date of Class

Other _____

EMPLOYMENT HISTORY

Please list your work experience for your past three employers, starting with most current.

Company/Business Name: _____

Address: _____
Street City/Town State Zip

Position: _____ Job Duties: _____

Wages: \$ _____ per _____ Supervisor: _____

Phone: _____ May we contact: Yes / No

Reason for leaving: _____

Company/Business Name: _____

Address: _____
Street City/Town State Zip

Position: _____ Job Duties: _____

Wages: \$ _____ per _____ Supervisor: _____

Phone: _____ May we contact: Yes / No

Reason for leaving: _____

Company/Business Name: _____

Address: _____
Street City/Town State Zip

Position: _____ Job Duties: _____

Wages: \$ _____ per _____ Supervisor: _____

Phone: _____ May we contact: Yes / No

Reason for leaving: _____

REFERENCES

Please list 3 references including at least one work reference and one personal reference.

- 1) _____ Personal or Work
Name Phone #
- 2) _____ Personal or Work
Name Phone #
- 3) _____ Personal or Work
Name Phone #

I attest that all of the above information is true to the best of my knowledge. I am aware that I will be terminated IMMEDIATELY if it is discovered at a later date I purposely provided false information. Additionally, I give the Dickson City Community Ambulance permission to check my references, work history, criminal history and driving history, which may be at my own expense.

Signature: _____

Printed Name: _____

Date: _____

For office use only

Interview? Yes No If no, reason _____

Offer Job? Yes No If no, reason _____

Orientation day: _____ First day: _____ Pay Rate: _____

References checked by: _____ Criminal history sent by: _____
Name Date Name Date

Driving history sent by: _____
Name Date

Comments: _____

Forms/Copies

I-9 _____	W-2 _____	AED _____	EpiPen _____
CPR _____	EMT _____	EVOC _____	FR _____
DL _____	SS _____	CrimHx _____	DrvHx _____