

Monroe County Ambulance
901 Illinois Ave Ste C
Waterloo, IL 62298

This application will remain active for 90 days.
Reapplication is necessary after that time period .

Employment Application

Please complete all questions for employment consideration

Name _____

Present Address _____
Street City State Zip

Home Phone _____ How did you hear of us? _____

Cellular Phone: _____ Email Address _____

If employee referral, please provide their name _____

Type of work or position applied for? _____ Full Time Part Time
Date Available to _____

Days Available _____ Hours Available _____ Begin work _____

Describe why you are qualified for the position _____

(Attach resume if possible)

Compensation requirements _____ Are you over 18? Yes No

Have you been employed by us before? Yes No If yes, when? _____

Have you applied for _____ Date and
employment with us previously? Yes No Result _____

If you have relatives employed with us, their name/relationship _____

If you would be engaged in any other work while in our employ, please explain _____

If hired, can you demonstrate eligibility to work in the United States? Yes No

Has a former employer ever disciplined you for tardiness or absenteeism? Yes No

If yes, please explain: _____

If licensed, have you ever received discipline on your professional license Yes No

If yes, please explain: _____

Would a former employer categorize your attendance as meeting expectations? Yes No

If no, please explain: _____

Could you provide us a copy of your last performance evaluation? Yes No

After learning of the job duties, to the best of your knowledge would you be able to perform all the essential functions of the position you are applying for? Yes No

If "no" please explain: _____

Have you ever been excluded from participating in any state or federal healthcare program or are under investigation that could lead to exclusion? Yes No

HISTORY OF EMPLOYMENT

List your complete employment record (including temporary, regular, and part-time) in date order.
List the most recent first. Include military service if applicable.

MOST RECENT EMPLOYER

Are you currently working for this company? Yes No If yes, may we contact? Yes No

Company Name _____ Phone Number _____

Address _____

Supervisor's Name/Title _____ Contact Information: _____

Starting Position _____ Ending Position _____

From _____ To _____ Beginning Salary _____ Ending Salary _____

Brief Job Description _____

Reason for Leaving _____

EMPLOYER

Are you currently working for this company? Yes No If yes, may we contact? Yes No

Company Name _____ Phone Number _____

Address _____

Supervisor's Name/Title _____ Contact Information: _____

Starting Position _____ Ending Position _____

From _____ To _____ Beginning Salary _____ Ending Salary _____

Brief Job Description _____

Reason for Leaving _____

EMPLOYER

Are you currently working for this company? Yes No If yes, may we contact? Yes No

Company Name _____ Phone Number _____

Address _____

Supervisor's Name/Title _____ Contact Information: _____

Starting Position _____ Ending Position _____

From _____ To _____ Beginning Salary _____ Ending Salary _____

Brief Job Description _____

Reason for Leaving _____

If you were employed under a different name in any of these positions, give name and applicable company:

Account for any gaps in employment in the last 5 years (periods of 4 weeks or more)

From	To	Reason

EDUCATIONAL BACKGROUND

School Name/ Address	Dates Attended	Date Graduated	Diploma / Degree Certificate	Grade Point / Honors
HIGH SCHOOL	N / A	N / A		
BUSINESS / TRADE				
COLLEGE / UNIV.				

INDICATE TRAINING OR EXPERIENCE PERTINENT TO THE JOB

Computer Skills: _____

Equipment: _____

Vehicles: _____

Other Skills / Qualifications: _____

ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT

Please read thoroughly before signing

It is understood that this application is not an obligation of employment.

I hereby authorize the County to investigate all references and former employment, and I release from liability those supplying such information. I understand that upon offer of employment, I may be required to take a drug test at the County’s expense. I realize that the offer of employment is contingent upon my test results being substance-free and satisfactory information being received from reference sources.

I will provide proof of my eligibility to work on the date of hire as required by “The Immigration Reform and Control Act of 1986”.

I understand that the County can make no guarantee as to the numbers of hours that I may be assigned from week to week, and any reduction in hours can affect my compensation and benefits. I also understand that I may be required to change days off and scheduled hours on a temporary or regular basis in order to continue my employment. Also, I understand that the County reserves the right to transfer me to another position, as business necessitates, and my continued employment may be predicated upon my acceptance of said transfer. I understand that evenings or weekends may be part of any schedule I may be assigned.

I understand that my employment is not governed by any written or oral contract and is considered an “at will” arrangement. I understand that I am free, as is the County, to terminate employment at any time for any reason, so long as there is no violation of applicable Federal or State law unless modified by a collective bargaining agreement.

I state that the information on this application is true and complete. False statements, misrepresentations, or omission may be cause for cancellation of an employment offer or termination, even if already employed. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

I understand that if employed in a position governed by a collective bargaining agreement to which the County is a party that once I am covered by that agreement its terms may supersede some of the statements in this acknowledgement of understanding.

Signature

Date

DO NOT WRITE BELOW THIS LINE – FOR EMPLOYER USE

Management Approval _____ **Revision for client needs**

Start Date _____ Exempt/Rate _____ Non-Exempt/Rate _____

Full-Time _____ Part-Time _____ Position _____

AN EQUAL OPPORTUNITY EMPLOYER