

APPLICATION FOR EMPLOYMENT

Blackduck Ambulance Association Inc.

PO Box 400

Blackduck, MN 56630

We welcome you as an applicant for employment with Blackduck Ambulance Association Inc (BAAI). BAAI will not discriminate on the basis of race, age, religion, national origin, marital status, disability, sex, sexual preference, status with regard to public assistance, or any other basis protected by law.

The information contained in this application is considered private data under the Minnesota Data Practices Act, and will be used only in conjunction with your possible employment. **Please furnish complete information, so we may accurately and completely assess your qualifications for employment in the position you see.** Your application will be evaluated in comparison to the requirements for that position. As an applicant for employment, your name is considered private until you become a finalist for employment with BAAI. You are considered a finalist if and when you are selected for a final interview.

Please use *INK* or *TYPEWRITER* in completing this application.

Today's Date _____

Title of position applied for: _____

Hours Available _____ Wage Desired \$ _____/hr.

Employment Status Desired: Full time
 Part time

Personal Information

Name _____
Last First Middle

Street Address _____

City, State, Zip _____

Home Telephone _____ Work Telephone _____

Are you legally eligible to work in the United States in the position for which you are applying? Yes No

Are you at least 18 years old? Yes No

Educational Information

Name/Address of School	Degree Earned/ Course of Study
High School	
College	
Graduate School	
Technical/Vocational	
Other	
Other	

NOTE: If the position you are applying for requires a college degree or other academic credential, you must include a certified transcript from the educational institution that granted you that credential.

Employment Experience

List previous employers for the past 5 years, beginning with most recent employer. Please provide all information requested accurately and clearly. Do not use “See Resume” or similar.

Employer Name _____ Supervisor’s Name _____
Employer Address _____ Phone Number _____
Dates of employment: From _____ To _____ Total # of Yrs/Mo _____
Job Title _____ Final Salary _____
Specific Duties: _____ Hrs worked per wk _____
Reason for leaving or seeking other employment?
May we contact your present employer? Yes No

Employer Name _____ Supervisor’s Name _____
Employer Address _____ Phone Number _____
Dates of employment: From _____ To _____ Total # of Yrs/Mo _____
Job Title _____ Final Salary _____
Specific Duties: _____ Hrs worked per wk _____
Reason for leaving or seeking other employment?
May we contact this employer? Yes No

Employer Name _____ Supervisor’s Name _____
Employer Address _____ Phone Number _____
Dates of employment: From _____ To _____ Total # of Yrs/Mo _____
Job Title _____ Final Salary _____
Specific Duties: _____ Hrs worked per wk _____
Reason for leaving or seeking other employment?
May we contact this employer? Yes No

Employer Name _____ Supervisor’s Name _____
Employer Address _____ Phone Number _____
Dates of employment: From _____ To _____ Total # of Yrs/Mo _____
Job Title _____ Final Salary _____
Specific Duties: _____ Hrs worked per wk _____
Reason for leaving or seeking other employment?
May we contact this employer? Yes No

Knowledge/Skills/Abilities

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:

Typing Ability? Yes No

Computer Experience? Yes No If yes, please list computer software programs and hardware you are skilled with.

List any other office equipment you can operate. _____

List any special courses, seminars, workshops and/or training you attended that relate to the job you are applying for: _____

If relevant, list other registrations, licenses and certificates you have.

Type _____ Date issued _____ Date Expired _____

Type _____ Date issued _____ Date Expired _____

For Labor and Skilled Trades Only: List the equipment you are capable of operating:

This space can be used to add any additional information you deem relevant to better assess your suitability for the position applied for:

Volunteer Experience

Describe any unsalaried or volunteer experience relevant to the position for which you are applying.

Military Experience

Did you serve in the U.S. armed forces? Yes No

Describe your duties:

Do you wish to apply for veteran's preference points? Yes No

If you answered "yes," you must complete the enclosed application for veteran's preference points, and submit the application and required documentation to BAAI within seven days of the application deadline for the position for which you are applying.

References

Please list three people who we can contact for references.

Name	Relationship To You	Occupation	Telephone

If you have been convicted of any violations, other than parking tickets, list all convictions within the last 15 years. Do not list juvenile (under 18 years of age) convictions unless you were tried as an adult. BAAI does not automatically reject applicants who have conviction records. Provide Month/Day/Year of conviction, City/State of conviction, Nature of Offense, and Result.

Authorization

I authorize that a transcript may be requested where necessary to verify any education record. I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release BAAI, with which I am seeking employment, from any liability, which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

I understand that if offered a position, and depending on the position, I may be required to submit to and pass a psychological examination, a physical examination, and /or a physical agility test.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, dismissal from employment upon discovery of the information.

By signing this form I hereby acknowledge I have read and understood the above statements. Failure to sign below may result in reject of your application.

Signature

Date

For Office Use Only:

Start/Hire Date _____

Starting Wage _____