



# Quad Ambulance District

Chief Steven D. VanMeter

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## EMPLOYMENT APPLICATION

Quad Ambulance 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, or disability, unless accommodation will impose an undue hardship on the operation of our department.

### Personal Information

#### Name

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

#### Address

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ SSN: \_\_\_\_\_

Are you over 18 years old?  Yes  No

Have you ever applied or were employed by Quad Ambulance?  Yes (Explain below)  No

Do you have any relative working for Quad Ambulance?  Yes (Explain below)  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Driver's License

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

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

Have you had any accidents in the past three years?  Yes (Explain below)  No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Position

What position are you applying for? \_\_\_\_\_ Any salary requirements? \_\_\_\_\_

How did you learn of this position? \_\_\_\_\_ When can you start? \_\_\_\_\_

Are you available for:  Full-time  Part-time  Paid-on-call

Are there any hours or shifts you are not available? \_\_\_\_\_

**Read and Complete Carefully**

Are you legally eligible for employment in the United States?       Yes       No (Explain below)

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

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

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

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**Education and Training**

**High School**  
Name: \_\_\_\_\_ Did you graduate?       Yes       No  
Location: \_\_\_\_\_

**College**  
Name: \_\_\_\_\_ Did you graduate?       Yes       No  
Location: \_\_\_\_\_ Major: \_\_\_\_\_

**Technical**  
Certification: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Check all that apply:**  
 BLS       ACLS       PALS       ITLS  
 HAZMAT       EMS Instructor       Fire Instructor

**NIMS**  
 100       200       300       400       700       800  
Other: \_\_\_\_\_

**Professional References**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship/Comments: \_\_\_\_\_  
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Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship/Comments: \_\_\_\_\_  
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Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship/Comments: \_\_\_\_\_

**Employment History**

**Employer**

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Address**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Position Held: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

**Employed**

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this employer?  Yes  No (Explain) \_\_\_\_\_

**Employer**

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Address**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Position Held: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

**Employed**

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this employer?  Yes  No (Explain) \_\_\_\_\_

**Employer**

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Address**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Position Held: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

**Employed**

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this employer?  Yes  No (Explain) \_\_\_\_\_

**Provide a brief explanation of why you want to work at Quad Ambulance**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Read Carefully**

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.

I UNDERSTAND that the employer may 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.

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 United States.

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.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as noted above), past employers and organizations from any legal liability in making such statements. I hereby 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 Quad and any outside agency utilized by Quad as a result of any information which is obtained in this investigation.

This application is submitted with the understanding that upon acceptance of a formal employment offer, I will be required to successfully pass Quad's pre-placement testing, which will include a drug and alcohol screen. 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 WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH CAUSE BY THE COMPANY, OR FOR ANY REASON AT THE OPTION OF MYSELF.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_