



Galesburg Hospitals' Ambulance Service

2175 Windish Drive - Galesburg, IL 61401

Employment Application

(Please Print in Ink)

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but not be limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends. GHAS is an equal opportunity employer.

LAST NAME			FIRST			MIDDLE			DATE OF APPLICATION								
PRESENT ADDRESS			CITY			STATE			ZIP			SOCIAL SECURITY NO.					
PERMANENT ADDRESS			CITY			STATE			ZIP			HOME TELEPHONE NO.					
IF ABOVE ADDRESS COVERS LESS THAN 5 YEARS, GIVE PREVIOUS ADDRESS												CONTACT TELEPHONE NO.					
ANY PREVIOUS NAME(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME												BEST TIME TO CONTACT YOU:		DATE AVAILABLE FOR WORK:			
POSITION APPLYING FOR:						EXPERIENCE: YES <input type="checkbox"/> NO <input type="checkbox"/>						ARE YOU APPLYING FOR:					
HAVE YOU WORKED FOR OUR COMPANY BEFORE: YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN?												FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>					
HOW WERE YOU REFERRED TO THE FACILITY?												REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/>					
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY YES <input type="checkbox"/> NO <input type="checkbox"/>												SHIFT PREFERENCE					
NAME:						RELATIONSHIP						1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/>					
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME OTHER THAN MISDEMEANOR TRAFFIC VIOLATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:												ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>					

If your answer is "yes" to the above, you will not be automatically disqualified from employment consideration, except as required by state or federal law.

PERSONAL

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA
			1	2	3	4		
HIGH								
COLLEGE								
COLLEGE								

EDUCATION / SKILLS

OTHER EXPERIENCE, TRAINING, OR SPECIAL COURSES											
AREA(S) OF SPECIALIZATION OR MAJOR INTEREST											
LIST OFFICE SKILLS INCLUDING COMPUTER/SOFTWARE EXPERIENCE:									WORD PROCESSING: APPROX. WPM		

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATION										EXPIRATION DATE	
TYPE	STATE ISSUED	DATE	NUMBER								
TYPE	STATE ISSUED	DATE	NUMBER								
TYPE	STATE ISSUED	DATE	NUMBER								

HAVE ANY OF YOUR LICENSES OR REGISTRATIONS EVER BEEN SUSPENDED, REVOKED OR ON PROBATION? YES NO IF YES, PLEASE EXPLAIN.

DRIVER'S LICENSE NUMBER			STATE			EXPIRATION DATE			HOW MANY YEARS HAVE YOU BEEN DRIVING?				
EXPLAIN THE NATURE OF DRIVING AND TYPE OF VEHICLE(S):										HAVE YOU DRIVEN EMERGENCY EQUIPMENT BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MOVING VIOLATIONS (Last 3 years)			TYPE			DATE							
ACCIDENTS (Last 3 Years)			NATURE			DATE							
HAVE YOU EVER HAD YOUR LICENSE, PERMIT, OR DRIVING PRIVILEGES DENIED, SUSPENDED OR REVOKED YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN.													

PREVIOUS EXPERIENCE

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH THE MOST RECENT EMPLOYER.

FROM: (MO/YR) TO: (MO/YR) SUPERVISOR'S NAME: SALARY (Hr/Mo/Yr)

JOB TITLE: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

DUTIES _____

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

FROM: (MO/YR) TO: (MO/YR) SUPERVISOR'S NAME: SALARY (Hr/Mo/Yr)

JOB TITLE: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

DUTIES _____

REASON FOR LEAVING: _____

FROM: (MO/YR) TO: (MO/YR) SUPERVISOR'S NAME: SALARY (Hr/Mo/Yr)

JOB TITLE: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

DUTIES _____

REASON FOR LEAVING: _____

FROM: (MO/YR) TO: (MO/YR) SUPERVISOR'S NAME: SALARY (Hr/Mo/Yr)

JOB TITLE: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

DUTIES _____

REASON FOR LEAVING: _____

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

HAVE YOU EVER BEEN DISCHARGED FROM A JOB? YES NO IF YES, PLEASE EXPLAIN.

BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED THROUGH MILITARY OR VOLUNTEER SERVICE (Include dates)

REFERENCES

LIST AT LEAST THREE (3) REFERENCES WHO ARE NOT RELATIVES:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

AFFIDAVIT: I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date. I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment. I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information. I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to preceding sentence, except for a written agreement signed by an administration representative of this facility.

Signature _____ Date _____

