



# CONNECTICUT AMBULANCE BILLING SERVICE, INC.

ONE AMERICAN WAY, NORWICH, CT 06360

## EMPLOYMENT APPLICATION

### GENERAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State Zip

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Email \_\_\_\_\_

What position are you applying for? \_\_\_\_\_ When can you start? \_\_\_\_\_

What is your starting wage requirement? \_\_\_\_\_

### HOW WERE YOU REFERRED?

- |  |  |
|--|--|
| <input type="checkbox"/> Newspaper Which one? _____              | <input type="checkbox"/> College Placement Office        |
| <input type="checkbox"/> Agency Which one? _____                 | <input type="checkbox"/> Walk-In                         |
| <input type="checkbox"/> Web Site Which one? _____               | <input type="checkbox"/> Governmental Employment Service |
| <input type="checkbox"/> Employee Referral – Employee Name _____ | <input type="checkbox"/> Other—Please specify: _____     |

If you are contacted for an interview or skills testing as part of the application process, please inform us of any special accommodations you may require to complete that process.

### TYPE OF EMPLOYMENT DESIRED:

- Full Time       Part Time Specify days and hours \_\_\_\_\_       Temporary Employment
- Which shifts can you work?  Day  2<sup>nd</sup> shift  3<sup>rd</sup> shift  Other Specify hours \_\_\_\_\_
- Are you available to work late and past your scheduled time out?  Yes  No
- Any schedule restrictions?  Yes  No If yes, what are they? \_\_\_\_\_
- Are you available to work weekends and holidays?  Yes  No
- Yes  No Are you a previous applicant? If yes, when? \_\_\_\_\_
- Yes  No Are you a previous employee? If yes, when and where? \_\_\_\_\_
- Yes  No Can you provide proof of eligibility to work in the United States?
- Yes  No Are you over the age of 18?  Yes  No If applying for a position that requires driving, are you age 21 or older?
- Yes  No If a minor, can you produce a Statement of Age certificate necessary to obtain employment?

- Yes  No Have you ever been in the military service of the U.S.? Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_
- Yes  No If driving is a requirement of the job for which you are applying, do you have a current, valid drivers license?
- Yes  No Are you a relative of an employee? If yes, who? \_\_\_\_\_
- Yes  No Have you ever been convicted of a felony or misdemeanor crime?
- Yes  No Have you ever entered a plea of guilty or nolo contendere (no contest) to a felony or misdemeanor crime?

NOTICE: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to 46b-146, 54-76o or 54-142a, which pertain to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolloed, a criminal charge for which a person has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a, shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath. NOTE: The portion of the employment application containing information concerning the criminal history of applicants will be available only to members of Connecticut Ambulance Billing Services' Human Resources Department and any employee or agent involved in interviewing the applicant.

If you answered "yes" to either question regarding a felony or misdemeanor crime, please provide details below including dates, charges, court location, disposition, etc.

NOTE: A conviction record will not necessarily bar you from employment. However, falsification of information on this application may bar you from employment with Connecticut Ambulance Billing Services.

## E D U C A T I O N

	Name of School	City, State	Number of Years Attended	
High School				<b>Diploma</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
College				<b>Diploma Degree/Major</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<b>Diploma Degree/Major</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Tech/Trade/Other School				<b>Diploma</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe specialized training, certifications, apprenticeship, foreign language skills, etc., as related to the position applied for:

## P R O F E S S I O N A L R E F E R E N C E S

List the names of three persons, not related to you, who are familiar with your work experience.

Name	Address	Daytime Phone

# E M P L O Y M E N T   E X P E R I E N C E

Begin with work you are now performing or last performed and list backwards to your first job. Please account for all gaps in your work history, such as attending school, layoff, etc., in the comments section. You may include in such history any verified work performed on a volunteer basis. PLEASE DO NOT WRITE "SEE RESUME".

Are you presently employed?     Yes     No

If so, may we contact your current employer?     Yes     No

Name of Employer _____ City, State Zip _____ Phone No. _____ Title _____ Type of business _____ Employed From _____ To _____ Description of Duties _____	Name/Title of Immediate Supervisor _____ Phone Number _____ Email Address _____ Reason For Leaving: _____
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# PLEASE READ CAREFULLY BEFORE SIGNING

## Falsified Answers

I certify that the answers given on this application for employment and in the employment process are true and complete to the best of my knowledge. I understand that any false, omitted or misleading information given in this application or application process may result in cancellation of my application, and/or if hired, in my termination.

I have read the above statement and agree. Please initial. \_\_\_\_\_

## Employment-at-Will

I hereby understand and acknowledge that any employment relationship with the company is "at will," which means that I may resign at any time and that the employer may discharge me at any time, with or without cause, and with or without notice. This "at will" employment relationship may only be changed by written agreement signed by the president of the company.

I have read the above statement and agree. Please initial. \_\_\_\_\_

## Reference Checking

I authorize all educators, employers and/or references listed on this application and (any other persons who might have information regarding my education, previous employment and suitability for employment) to furnish Connecticut Ambulance Billing Services with information regarding my education, employment history, or any other information related to my application for employment with Connecticut Ambulance Billing Services.

I have read the above statement and agree. Please initial. \_\_\_\_\_

## Pre-Employment Drug Screening

I acknowledge that I am aware that a urinalysis drug-screening test may be required upon a conditional offer of employment at Connecticut Ambulance Billing Services or any of its subsidiary companies. If results are positive, I will be disqualified for consideration for employment and/or any offer of employment will be withdrawn. I will be given a copy of any positive urinalysis drug test result.

I have read the above statement and agree. Please initial. \_\_\_\_\_

## Hold Harmless Clause

In consideration for the processing and review of my employment application, I agree to release and hold harmless both Connecticut Ambulance Billing Services and its employees and representatives, and any source of background information, from and against any and all claims arising out of my application for employment with Connecticut Ambulance Billing Services including but not limited to claims for breach of privacy resulting from the disclosures of information as part of my application for employment.

I have read the above statement and agree. Please initial. \_\_\_\_\_

## General Information

I understand also that I am required to abide by the policies, rules and regulations of the company and further understand that assigned work schedule hours and/or shift may change at the sole discretion of the employer.

This application of employment shall be considered active for employment consideration purposes for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether applications are being accepted at that time.

I acknowledge that I have read and understand the paragraphs listed above.

I agree that if hired the authorizations contained in this application shall be valid during all periods of employment.

I understand that Connecticut Ambulance Billing Service is a tobacco-free property as of March 15, 2010.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANTS APPLYING FOR A POSITION THAT REQUIRES DRIVING MUST COMPLETE THIS PAGE**

- 1) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No
- 2) Has any license, permit or privilege ever been suspended or revoked? Yes  No
- 3) Have you ever been disqualified subject to section 391.15 of the Federal Motor Carrier Safety Regulations? Yes  No
- 4) If either Answer above is Yes, please give details \_\_\_\_\_
- 5) List special courses or training that will help you as a driver \_\_\_\_\_
- 6) Which safe driving records do you hold and from whom? \_\_\_\_\_
- 7) List states operated in during the last five years \_\_\_\_\_

**A. QUALIFICATIONS**

	LICENSEE'S NAME	YRS. LICENSED	STATE	LICENSE NO.	TYPE/CLASS	EXPIRATION DATE
<b>DRIVER LICENSES HELD IN THE PAST 10 YEARS MUST BE SHOWN.</b>						

**B. DRIVER EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VANS, TANK, FLAT, ETC.)	DATES FROM: TO:
STRAIGHT TRUCK		
TRACTOR & SEMI - TRAILER		
TRACTOR-TWO TRAILERS		
FIRE TRUCK		
AMBULANCE		
OTHER		

**C. ACCIDENT RECORDS (PAST 10 YEARS)**

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
NEXT PREVIOUS			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
NEXT PREVIOUS			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**D. CONVICTIONS OR SUSPENSIONS (PAST 10 YEARS – EXCLUDING PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

NOTICE: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to 46b-146, 54-76o or 54-142a, which pertain to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolleed, a criminal charge for which a person has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a, shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath. NOTE: The portion of the employment application containing information concerning the criminal history of applicants will be available only to members of American Professional Educational Service’s Human Resources Department and any employee or agent involved in interviewing the applicant.

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**E. PHYSICAL HISTORY**

Date of last D.O.T. physical examination \_\_\_\_\_  
 Have you been granted a waiver under Section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? \_\_\_\_\_



# CONNECTICUT AMBULANCE BILLING SERVICE

## VOLUNTARY INFORMATION

Connecticut Ambulance Billing Services is an **EQUAL OPPORTUNITY EMPLOYER**. Applicants and employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, disability or other legally protected status. As an employer, we comply with government regulations and affirmative action responsibilities. To help us comply with required government recordkeeping, we would appreciate your completing the following form. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION**. If you choose not to provide the information, your decision will not affect your opportunity for employment. It will not be used for hiring, placement, or any other decisions relating to terms and conditions of employment.

This information will be kept in a Confidential File separate from the Application for Employment.

(Please Print)

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

S.S. # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female

Position(s) applying for: \_\_\_\_\_

### Equal Employment Opportunity Classification (Check [X] only one.)

- White (Not Hispanic or Latino)  A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American (Not Hispanic or Latino)  A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino  A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)  A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)  A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including (for example) Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)  A person having origins in any of the original peoples of North and South America, and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)  All persons who identify with more than one of the above six races.

### Veteran Status

- Have you served in the United States Military Service?  Yes  No
- Are you a Vietnam Era veteran?  Yes  No
- Are you a disabled veteran?  Yes  No
- Have you served in a war or a military campaign for which a campaign badge has been issued?  Yes  No