

MANHEIM TOWNSHIP AMBULANCE ASSOCIATION

An Equal Opportunity Employer

Observer Application

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address		Apartment/Unit #			
City	State	ZIP			
Phone		E-mail Address			
Birth Date:		Social Security No:		Driver's License #:	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you 21 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been employed here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Ever been convicted of a traffic offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES					
<i>Please list three professional references.</i>					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					
Full Name			Relationship		
Company			Phone ()		
Address					

CURRENT EMPLOYMENT			
Company	Phone ()		
Address	Supervisor		
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company	Phone ()		
Address	Supervisor		
Job Title			
Responsibilities			
From	To	Reason for Leaving	
EMERGENCY CONTACT INFORMATION			
Name	Phone ()		
Address	Parent's Name		
City, ST, ZIP Code			
Cell Phone #			
MILITARY SERVICE			
Branch	From	To	
Rank at Discharge	Type of Discharge		
If other than honorable, explain			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Guardian/Parent Signature if Minor			
Signature		Date	
Interviewed? YES <input type="checkbox"/>	NO <input type="checkbox"/>	Accepted? YES <input type="checkbox"/>	NO <input type="checkbox"/>