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Peru Volunteer Ambulance Service, Inc.

111 Fifth Street Peru, IL 61354

Serving the citizens of the City of Peru-LaSalle
Peru Township-Dimmick Township

Employment Application



Application Date: _____

Last Name

First Name

MI

Full-time

Part-Time

Volunteer

Position
Applying
For:

Driver

1st Responder

EMT-B

EMT-I

EMT-P

Office Use Only

Interview Date: _____

Time: _____

Employee Number: _____

Door Key: _____

In considering your application, the facility may conduct a detailed investigation which may include but is not limited to a criminal record check, drug/alcohol screening, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

Last Name	First Name	Middle
_____	_____	_____
Present Address	City	State
_____	_____	_____
Permanent Address	City	State
_____	_____	_____

Social Security No.	

Date Of Birth	

Driver's Lic. No.	

Best time to contact you:	Date available for work:
_____	_____
Home Ph. : _____	
Other Ph. : _____	

Any Previous Name(s) Yes No

Position Applied for: (select one)

EMT-BD EMT-I Driver Full Time Part Time Volunteer

Desired Salary:

How were you referred to this facility?

Shift Availability:

Weekends & Holidays YES NO

Rotating Shifts YES NO

On Call YES NO

Any Shift YES NO

Are you a U.S. citizen or an alien leagally authorized to work in the United States?

Yes NO

Do you have any relatives or friends at this facility? Yes No

If yes Name: _____ Relationship _____

Have you ever been employed by this facility?	Are you 18 Yrs. Of age or older?
Yes <input type="checkbox"/> No <input type="checkbox"/> When _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Shift Preference: (Check Boxes)

6A-12P <input type="checkbox"/>	12P-6P <input type="checkbox"/>	6A-6P <input type="checkbox"/>
6P-12A <input type="checkbox"/>	12A-6A <input type="checkbox"/>	6P-6A <input type="checkbox"/>

What are your long range occupational goals?

Have you ever been convicted of, or plead guilty to, a crime (excluding misdemeanor traffic violations)? YES NO

If Yes, Please explain:

Professional Licenses:

<input type="checkbox"/> Currently Licensed	<input type="checkbox"/> Eligible for license	License or registration <u>ever</u> suspended, revoked or on probation? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Explain
<input type="checkbox"/> Currently Registered	<input type="checkbox"/> Eligible for registration	

Type: _____ State: _____ Date: _____

Number: _____ Expiration Date: _____ Current CEU Hours _____

Are you CPR Certified? Yes No Expiration Date: _____

School	Name and Address of school	Course of study area of interest	Last year completed				Did you graduate	Diploma or degree
High School	_____	_____	1	2	3	4	_____	_____
College or Trade	_____	_____	1	2	3	4	_____	_____

Did you serve in the U.S. Armed services? Yes No What Branch? _____

Have you ever volunteered your time anywhere? Yes No Where? _____

Provide information regarding previous employment beginning with most recent employer.

From: _____ To: _____ Supervisor _____ Salary _____

Job title: _____

Employer: _____ Phone: _____

Address: _____ Reason For Leaving _____

Duties: _____

From: _____ To: _____ Supervisor _____ Salary _____

Job title: _____

Employer: _____ Phone: _____

Address: _____ Reason For Leaving _____

Duties: _____

From: _____ To: _____ Supervisor _____ Salary _____

Job title: _____

Employer: _____ Phone: _____

Address: _____ Reason For Leaving _____

Duties: _____

Please identify and explain any gaps in employment longer than three (3) months. _____

List at least 3 references who are not Relatives or employers:

Name and Relationship	Title	Company name/Address	Telephone

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

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 I may be required to satisfactorily complete a drug screening at my cost as a condition of employment.

I hereby authorize persons, schools, my current employer, and previous employers (as applicable) and references to provide this facility and its affiliates with any requested information regarding my application for employment, and I completely release all such persons from any and all liability related to the providing 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 have read and understand the proceeding information.

Date: _____ Signature: _____

Hired? Yes No References checked by : _____ Date _____

See attached Referral Sheet. Position: Full time Part time Volunteer

Starting Date: _____ Starting Salary: _____ Employee # _____

Personal Notes: _____

Criminal History check: _____

Notify in case of Emergency: _____

Name	Relationship	Address	Phone
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Director's Signature: _____ Date _____

OFFICE USE ONLY