



CAPITAL CITY EMS EMPLOYMENT APPLICATION

1816 Richland Street
Columbia, SC 29201

Business Tel No.: 888-221-9237
E-mail Address: capitalcityamb@yahoo.com

Position Applied For: _____

Name _____ Date of Application ____/____/____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Age ____ Date of Birth ____/____/____ Social Security Number _____

Driver License # _____ State _____

If you are under 18 and if we require a work permit, can you furnish one? Yes No
If no, please explain:

Have you ever worked for Capital City EMS? Yes No
If yes, when:

Are you a citizen of the United States? Yes No
If not, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-time Part-time

Date available to start: _____

Have you ever pleaded "Guilty", "No Contest", or have been convicted of a crime?
 Yes No If yes, give dates and details:

ANSWERING YES TO ANY OF THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC REJECTION FOR EMPLOYMENT. DATE OF OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE CONSIDERED.

Summarize your skills, Certifications, and/or qualifications: (Include expiration dates)

EDUCATION

Circle Highest Year Completed	School Attended	Major
High School 9 10 11 12	_____	_____
Vocational 1 2 3 4	_____	_____
College 1 2 3 4	_____	_____

List all certificates, degrees, diplomas, etc. _____

PREVIOUS EMPLOYMENT INFORMATION (Begin with most recent position)

Dates of Employment: From: _____ to: _____

Position Held: _____

Company: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Responsibilities: _____

Starting Title and Salary: _____ Ending: _____

Reason For Leaving: _____

May We Contact This Employer For a Reference: Yes No

Dates of Employment: From: _____ to: _____

Position Held: _____

Company: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Responsibilities: _____

Starting Title and Salary: _____ Ending: _____

Reason For Leaving: _____

May We Contact This Employer For a Reference: Yes No

Dates of Employment: From: _____ to: _____

Position Held: _____

Company: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____ Phone: _____

Responsibilities: _____

Starting Title and Salary: _____ Ending: _____

Reason For Leaving: _____

May We Contact This Employer For a Reference: Yes No

How Were You Referred To Us? _____

Please List Three Personal References That We May Contact:

1. Name: _____
Relationship: _____
Phone Number: _____

2. Name: _____
Relationship: _____
Phone Number: _____

3. Name: _____
Relationship: _____
Phone Number: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____



**REFERENCE QUESTIONNAIRE
PROFESSIONAL**

Re: _____
(Applicant's name)

The above applicant has applied for employment with Capital City Ambulance Service and has offered your name as a reference.

To assist us in determining this candidate's eligibility for employment, we would appreciate your completing this questionnaire and returning it at your earliest convenience. Please be assured that your response will be held in strict confidence.

Thank you for your assistance.

1. How long, and in what capacity, have you known the applicant?

2. How would you rate this applicant's dependability?

3. How would you evaluate this applicant's initiative?

4. Please comment on the integrity of this candidate.

