



Employment Application

It is the policy of Fraser Ambulance to provide equality of opportunity to all persons regardless of race, color, national origin, sex, age, or disability. This policy applies to all aspects of our personnel policies, practice and operations. Fraser Ambulance complies with the Americans with Disabilities Act (ADA). Persons needing accommodations in the recruitment process should notify Fraser Ambulance in advance.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by Fraser. Please furnish us complete information as outlined in this application. Any misrepresentation on this application whether actual or by omission may disqualify you for consideration of employment by Fraser Ambulance.

Fraser Ambulance maintains a drug free environment.

All applicants are required to pass a pre-employment / post-offer, criminal background check and drug screen.

General Instructions:

- 1) Type or print an answer to every question. To be eligible for consideration, applications MUST be complete, accurate, and legible.
- 2) Please use only black ink.
- 3) If a question does not apply to you, mark N/A in the space provided.
- 4) IF space provided is insufficient, attach a separate sheet and precede the additional information with the section title to which you are referring.
- 5) Fraser Ambulance may verify places of employment and personal references listed on this application.
- 6) If you have any questions, you may call (515) 284-1111, Mon-Fri 8:00 am – 4:00 pm.

Applications may be dropped off in person or mailed to the following address:

Fraser Ambulance
4780 Ne 3rd St
Des Moines, Iowa 50313

Fraser Ambulance Employment Application

Fraser Ambulance will consider applications for all positions without regard to age, gender, race, color, national origin, creed, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position applied for:

Billing Dispatcher Van Driver EMT - RN
 Full - Time Part - Time

Personal Information

Name: _____

Date: _____

Address: _____

Phone: _____

City/State/Zip: _____

Email: _____

Date available for work : _____

General Information

Have you applied here before? Yes No If yes, when? _____

Have you been employed with us before? Yes No If yes, when? _____

Are you of legal age to work? Yes No

Do you have the legal right to work in the U.S.? Yes No

Have you ever been debarred, suspended, excluded, or otherwise ineligible for participation in federal healthcare programs?

Yes No

If yes, please explain: _____

List any specialized training or skills that would benefit you in the job for which you're applying:

Education

| Institution Name | Address | Years completed | Graduated Yes / No | Major / Type of Degree |
|----------------------------|---------|-----------------|--------------------|------------------------|
| High School | | | | |
| College | | | | |
| Graduate / Professional | | | | |
| Technical / Trade Or other | | | | |

Are you currently attending school? ___ Yes ___ No If yes, where? _____

Schedule: _____

Employment history

Start with your present or last job. Include any job-related volunteer activities. You may exclude organizations that indicate race, color, national origin, disability, sexual orientation, or any other protected status.

| | | | | |
|-------------|------------------|----------------------|----|--------------------|
| 1 | Employer | Dates Employed | | Job Title |
| | | From | To | |
| | Address | | | Supervisor |
| | City, State, Zip | Salary / Hourly Wage | | Reason for leaving |
| Telephone # | Starting | Final | | |
| 2 | Employer | Dates Employed | | Job Title |
| | | From | To | |
| | Address | | | Supervisor |
| | City, State, Zip | Salary / Hourly Wage | | Reason for leaving |
| Telephone # | Starting | Final | | |
| 3 | Employer | Dates Employed | | Job Title |
| | | From | To | |
| | Address | | | Supervisor |
| | City, State, Zip | Salary / Hourly Wage | | Reason for leaving |
| Telephone # | Starting | Final | | |
| 4 | Employer | Dates Employed | | Job Title |
| | | From | To | |
| | Address | | | Supervisor |
| | City, State, Zip | Salary / Hourly Wage | | Reason for leaving |
| Telephone # | Starting | Final | | |

Are there any employers that you DO NOT wish us to contact? _____

Have you ever been discharged by a previous employer? ___ Yes ___ No If yes, when _____
Give details:

For applicants applying for a position that requires driving a company vehicle

Per our insurance carrier, you must have a valid Iowa class D driver's license and be over 21 years old to drive for Fraser Ambulance.

- 1) Do you currently have a valid Iowa driver's license? ___ Yes ___ No If yes, what class? _____
- 2) Has your driver's license ever been barred, revoked, or suspended? ___ Yes ___ No
- 3) Have you been cited for any moving violations in the last 3 years? ___ Yes ___ No If yes, how many? _____
- 4) Have you had any accidents in the last 3 years? ___ Yes ___ No If yes, please give dates & nature of accident (s):

Personal References

Please list the names and information for 3 persons not related to you, for whom you have known for at least 3 years.

| | Name | Address (include city, state, zip) | Phone # |
|---|------|------------------------------------|---------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Application Statement

In completing this application for employment, and any supplements to the application, I certify that the information given here in true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for cancellation of this application or separation from the company's service if I'm employed. I understand also, that I am required to abide by all rules and regulations of Fraser Ambulance. I agree that Fraser Ambulance shall not be liable in any respect if my employment is terminated because of the falsity of the statements made by me on this application.

I authorize investigation of all statements contained in this application as may be necessary for arriving at an employment decision. I understand that information concerning my past record will be sought from previous employers and other sources and I hereby release from all liability or damages those individuals, corporations, or organizations which provide such information. I understand that any such information provided shall become the explicit property of the company.

I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the company is of an "at will" nature, which means that I may resign at any time and Fraser Ambulance may discharge me at any time with or without cause. I further understand that this "at will" relationship may be not be changed unless specifically agreed to in writing by an authorized executive of this company. This certifies that this application was completed accurately and honestly by me or at my direction.

Applicant Signature: _____

Date: _____