



# Mansfield Township Ambulance Corps

41 Fieldcrest Drive  
Columbus, NJ 08022

Office: (609) 298-3392  
Fax: (609) 298-3328

## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION:

Last Name	<input type="text"/>	First Name	<input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
Work Phone:	<input type="text"/>	Social Security Number	<input type="text"/>

Are you a citizen or legal resident of the United States?  YES  NO

In accordance with Federal Law, proof of U.S. Citizenship or immigration status will be required if you are hired.)

Have you ever plead guilty or been found guilty of a crime, disorderly persons offense, or a municipal ordinance involving moral turpitude?  YES  NO

If you answered yes, please explain (include jurisdiction):

**\*\*Employment is conditional upon the results of a criminal background check\*\***

### DRIVER'S LICENSE:

State	<input type="text"/>	Number:	<input type="text"/>	Expiration Date:	<input type="text"/>
-------	----------------------	---------	----------------------	------------------	----------------------

Has your driver's license ever been revoked?  YES  NO

If you answered yes, please explain:

### EMPLOYMENT HISTORY:

Are you currently employed?  YES  NO

May we contact you at work?  YES  NO

May we contact your current employer?  YES  NO

Are you currently in "layoff" status and subject to recall?  YES  NO

Date you can start:

Please list your last four places of employment (starting with your current employer)--No P.O. Boxes

Date of Hire	Business	Address	City	State	Job Title	Phone

**RESIDENCE:**

Please list your last three places of residence (starting with your current address)--No P.O. Boxes

Date	Address	City	State	Zip Code

**EDUCATIONAL BACKGROUND:**

Please list your educational background:

Date	Degree of Diploma	Institution	City	State

**EMERGENCY MEDICAL SERVICE and FIRE SERVICE AFFILIATIONS:**

Please list any current and previous Emergency Medical Service and Fire Service Affiliations:

Date	Agency	City	State	Phone

**REFERENCES:**

Please list three references that we may contact:

Name	Relationship	Phone

As an applicant for the position with the Mansfield Township Ambulance Corps., I understand and agree that I must provide truthful and accurate information in this application. I understand that I may be separated from employment if the Mansfield Township Ambulance Corps. Later discovers that information on this form was incomplete, untrue or inaccurate.

I give Mansfield Township Ambulance Corps. The right to investigate the information I have provided and to talk with former employers. I give Mansfield Township Ambulance Corps. the right to secure additional job-related information about me. I release the Mansfield Township Ambulance Corps. and its representatives from all liability for seeking such information.

I understand that Mansfield Township Ambulance Corps. Is an Equal Opportunity Employer and does not discriminate in its hiring practices. I understand that Mansfield Township Ambulance Corps. will make reasonable accommodations as required by the Americans with Disabilities Act.

I understand that, if employed, I may resign at any time and the Mansfield Township Ambulance Corps. may terminate My employment at any time in accordance with established policies and procedures. No representative(s) of Mansfield Township Ambulance Corps. may make assurances to the contrary.

I understand that any offer(s) of employment may be subject to job-related medical, physical, drug or psychological tests. I also understand that I may be subject to complete a background and criminal check.

Signature:  Date: