

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

| | | | | |
|---|----------------------------|--------|--|------------|
| | | | | DATE _____ |
| NAME | | | SOCIAL SECURITY NUMBER | |
| LAST | FIRST | MIDDLE | | |
| PRESENT ADDRESS | | | | |
| STREET | CITY | STATE | ZIP | |
| PERMANENT ADDRESS | | | | |
| STREET | CITY | STATE | ZIP | |
| PHONE NO. _____ | ARE YOU 18 YEARS OR OLDER? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes <input type="checkbox"/> _____ No <input type="checkbox"/> _____ | | | | |

LAST

EMPLOYMENT DESIRED

| | | |
|--------------------------------------|--------------------|--|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? | | IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? |
| EVER APPLIED TO THIS COMPANY BEFORE? | WHERE? | WHEN? |
| REFERRED BY _____ | | |

FIRST

| EDUCATION | NAME AND LOCATION OF SCHOOL | *NO OF YEARS ATTENDED | *DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|-----------------------------|-----------------------|--------------------|------------------|
| GRAMMAR SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | | |

MIDDLE

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

| | | |
|--------------------------------|------|--|
| U.S. MILITARY OR NAVAL SERVICE | RANK | PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES |
|--------------------------------|------|--|

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|------------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| | NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|---|------|---------|----------|---------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)
 IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A
 CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE
 SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

IN CASE OF EMERGENCY NOTIFY _____
 Signature of Applicant

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

REMARKS:

NEATNESS ABILITY

HIRED: Yes No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

EMERGENCY MEDICAL SERVICES EXPERIENCE

| | | | | |
|--|--------------|---|--------------------|------------------------|
| Name of Present or Last EMS Department | | <input type="checkbox"/> Volunteer <input type="checkbox"/> Career | | Address |
| Starting Date | Leaving Date | Wages | Reason For Leaving | May We Contact |
| Mo. Yr. | Mo. Yr. | | | |
| Title/Position Held | | Name of Supervisor | | Supervisor's Job Title |

Description of Duties and Responsibilities

| | | | | |
|--------------------------------------|--------------|---|--------------------|------------------------|
| Name of NEXT Previous EMS Department | | <input type="checkbox"/> Volunteer <input type="checkbox"/> Career | | Address |
| Starting Date | Leaving Date | Wages | Reason For Leaving | May We Contact |
| Mo. Yr. | Mo. Yr. | | | |
| Title/Position Held | | Name of Supervisor | | Supervisor's Job Title |

SPECIAL EMS TRAINING AND/OR INSTRUCTOR EXPERIENCE

EMERGENCY MEDICAL SERVICES DATA AND INFORMATION

FIRST CERTIFICATION DATE _____ WHERE _____ CERT. # _____

PRESENT CERTIFICATION _____ WHERE _____ CERT. # _____

DRIVER'S LICENSE # _____ STATE _____

HAVE YOU HAD ANY VEHICLE ACCIDENTS IN THE PAST THREE (3) YEARS? IF YES, EXPLAIN _____
