



Name: _____

Position: _____

Each of the following certifications must be submitted independently on its own sheet of paper in the order below.

			Expiration Date MM/DD/YY	Administrative Use Only
1.	Application Checklist		_____	<input type="checkbox"/>
2.	Proof of Hepatitis B Vaccination		_____	<input type="checkbox"/>
3.	Proof of TB Vaccination (<i>No more than one year old</i>)		_____	<input type="checkbox"/>
4.	Current <i>Clean</i> DMV Printout		_____	<input type="checkbox"/>
5.	Copy of California Drivers' License (<i>Current</i>)		_____	<input type="checkbox"/>
6.	Copy of California Ambulance Drivers' License (<i>Current</i>)		_____	<input type="checkbox"/>
7.	Medical Examiners Card (<i>Current</i>)		_____	<input type="checkbox"/>
8.	Copy of EMT Accreditation Card (<i>Current</i>)	[EMT]	_____	<input type="checkbox"/>
9.	Copy of BCLS Card (CPR) Card (<i>Current</i>)	[EMT]	_____	<input type="checkbox"/>
10.	Copy of Solano County Paramedic Card	[Paramedic]	_____	<input type="checkbox"/>
11.	Copy of ACLS Card (<i>Current</i>)	[Paramedic]	_____	<input type="checkbox"/>
12.	Copy of State of California Paramedic Card	[Paramedic]	_____	<input type="checkbox"/>
13.	Copy of other completed courses [PHTLS, PALS, etc.]	[EMT, Paramedic]	_____	<input type="checkbox"/>
14.	Employment Application and optional additions [letters of recommendation, cover letter, resume, certificates of achievement, etc.]		_____	<input type="checkbox"/>

EMPLOYMENT APPLICATION

Please answer all questions. Resumes are not a substitute for a completed application.

We are an Equal Opportunity Employer. Applicants are considered for positions without regard to veteran status, uniformed service member, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by federal, state, or local laws. This company is an at-will Employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the Company or I may terminate the employment relationship at any time, for any reason, with or without notice.

Please Print:

Date: _____

Name: _____
Last First Middle

Present Address: _____
Number Street City State Zip

Permanent Address: _____
(if different from present address)

Home Telephone () _____ **Business Telephone ()** _____

Social Security Number _____

Employment Desired:

Position applying for: _____

Are you applying for:

Regular full-time employment?yes no
Regular on-call employment?yes no

If applying for on-call work, during what period of time will you be available? _____

If hired, on what date can you start work? _____

Personal Information:

Have you ever applied to or worked for *Medic Ambulance Service* before?.....yes no

If yes when? _____

Do you have any friends or relatives working for *Medic Ambulance Service*?.....yes no

If yes, state name(s) and relationship _____

Why are you applying for work at *Medic Ambulance Service*? _____

If hired, would you have a reliable means of transportation to and from work?.....yes no

Are you at least 18 years of age?.....yes no

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to Live and work in this country?.....yes no

Are you able to perform the essential functions of the job for which you are applying?.....yes no

If no, describe the functions that cannot be performed _____

[Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire will be subject to passing a medical examination, drug screening, skill and agility tests.]

Instructions for answering the next two questions:

California Applicants – Do not include misdemeanor marijuana-related convictions that are more than two (2) years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.

Have you ever plead guilty to or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above?.....yes no

Have you ever been arrested for any matters for which you are currently out on bail or your own recognizance pending trial?.....yes no

Criminal offenses only: If you answered “yes” to either above questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position’s functions and qualifications, the number of occurrences, the applicants age at the time of the crime, the time elapsed since the crime, the applicants entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your educational record. For example – change of name, use of an assumed name, nickname, etc. _____

Are you currently employed?.....yes no

If so, may we contact your current employer?.....yes no

Education, Training and Experience:

School	Name and Address	# Years Completed	Did You Graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				
Health Care				

Honors received: _____

Many of our customers [patients] do not speak English. Do you speak, write or understand any foreign languages?.....yes no

If yes, which language[s]? _____

Do you have any other experience, training, qualifications or skills, which you feel make you especially, suited for work at *Medic Ambulance Service*? If so, please explain:

Are you licensed/certified for the job applied for?.....yes no

Name of license/certification _____

Issuing State _____

License/certification number _____

Has your license/certification ever been revoked or suspended?.....yes no

If yes, state reason[s], date of revocation or suspension and date of reinstatement _____

Employment History

List below all present and past employment starting with your most recent employer (last 3 is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone # () _____ **Your Supervisor's Name** _____

May we contact this employer? (Please circle one.) Yes No

Your Position and Duties _____

Date of Employment: From: _____ **To:** _____

Weekly Pay: Starting \$ _____ **Ending \$** _____

Reason for Leaving _____

Name of Employer _____

Address _____

Type of Business _____

Telephone # () _____ **Your Supervisor's Name** _____

May we contact this employer? (Please circle one.) Yes No

Your Position and Duties _____

Date of Employment: From: _____ **To:** _____

Weekly Pay; Starting \$ _____ **Ending\$** _____

Reason for Leaving _____

Name of Employer _____

Address _____

Type of Business _____

Telephone # () _____ Your Supervisor's Name _____

May we contact this employer? (Please circle one.) Yes No

Your Position and Duties _____

Date of Employment: From: _____ To: _____

Weekly Pay: Starting \$ _____ Ending \$ _____

Reason for Leaving _____

Military Service

Have you obtained any special skills or abilities as the result of service in the military that are applicable to the position you are applying for? (Circle one) yes no

If so, describe _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____

Address _____

Occupation _____

Telephone # () _____ Number of Years Acquainted _____

Name _____

Address _____

Occupation _____

Telephone # () _____ Number of Years Acquainted _____

Name _____

Address _____

Occupation _____

Telephone # () _____ Number of Years Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge and I have read and fully understand the questions asked in this application. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize *Medic Ambulance Service* to thoroughly investigate my references, work record, education, credit report and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designed representative.

_____ I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid drivers license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state in which I reside. I further agree and give permission for Medic Ambulance Service to check my Motor Vehicle Records for insurability purposes.

_____ If employed by Medic Ambulance Service, I understand and agree that the Company, to the fullest extent permitted by Federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

_____ I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action up to and including immediate dismissal.

_____ If hired, I agree to conform to the rules and regulations of the Company, and I understand that the Company has complete discretion to modify such rules and regulations at any time as allowed by law of contractual requirement, except that the Company will not modify its policy of employment at will where applicable.

Date _____ Applicant's Signature _____



Authorization for Background Investigation

I authorize Medic Ambulance Service to conduct a background investigation (to include a criminal background search, "Megan's Law" inquiry, and previous employment verification) on me for possible employment purposes.

Signature: _____

Print Name: _____

Current Address: _____

County and State: _____ / _____

Former Address: _____

County and State: _____ / _____

SSN: _____ - _____ - _____

DOB: _____ (Required for Criminal Search)

