

AMERICAN AMBULANCE OF VISALIA

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin or marital status. All offers of employment are contingent on applicant passing a job-related physical examination.

Position Applying For: Paramedic EMT-I Clerical/Office/Billing/Other Shop/Mechanic Administration

Note – Attach copies of all pertinent licenses, certifications, resume and other information as necessary for the position applying for.

PERSONAL INFORMATION				
Last Name	First Name	Middle	Social Security Number	
Address				
City		State		Zip
Phone Number	Position Applying For:	Date you can start	Are you 18 or older?	
EDUCATION				
	Name and Location	Grade Completed – Graduate?	Studies/Degree	
HIGH SCHOOL		1 2 3 4 Yes No		
COLLEGE		1 2 3 4 Yes No		
TRADE OR BUSINESS		1 2 3 4 Yes No		
FORMER EMPLOYMENT List below your last employers or major periods of unemployment, (1 month or more) starting with the last one first.				
Date: Month/Year	Name, Address and Phone # of Former Employer and/or List Periods of Unemployment	Salary On Leaving	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				
REFERENCES List below three persons not related to you, whom you have known at least one year.				
Name	Address/Phone	Position	Years Acquainted	
Is the applicant able to perform the tasks of the job applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(This may be with or without accommodation.)</i> Hire may be subject to passing a medical examination, written and/or skill and agility tests.				
Has the applicant ever been convicted of a felony or serious misdemeanor or have a case pending? <input type="checkbox"/> Yes <input type="checkbox"/> No A conviction will not necessarily disqualify you from employment.				
AUTHORIZATION I authorize investigation on all statements contained in this application. I understand that misrepresentation or omission of any information supplied in the application process is cause for dismissal. Further, I understand and agree that my employment is "at will," which is for no definite period and may, regardless of the method of payment of my wages or salary, be terminated at any time without cause and without any previous notice. I also accept the employer's right to enter into an Alternative Dispute Resolution Procedure to resolve employment disputes.				
Signature:	Date:	I-9 Form	Physical/Drug Test	Drivers License #
In Case of Emergency Notify: <small>Name/Address/Phone</small>				
Note: Applications are effective for a period of 180 calendar days. Re-apply to maintain an effective application.				

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EMPLOYMENT BACKGROUND REVIEW

Do Not Write Below This Line. For Office Use Only!

Employer Reference Checks

Former Employer	Phone Number	Contact Person	Response

Individual References

Reference Individual	Phone Number	Contact Person	Response

Interview

Interviewer: _____ Date of Interview: _____

Remarks:

Ability:

Neatness:

Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	Department:
Starting Wage:	Promised Increases & Dates:	Date Reported To Work:

Approvals

General Manager	Department Head	Supervisor/Foreman	Personnel
Date	Date	Date	Date