

APPLICATION
FOR
EMPLOYMENT



An Equal Employment Opportunity Employer



Medstar Ambulance of Mendocino
130 Ford Street
PO Box 277
Ukiah, CA 95482
707-462-3808 Office
707-462-9567 Fax

Please include copies of the following:

- California EMT Certificate or Paramedic License
- California Driver License
- California Ambulance Driver Certificate
- Medical Examiner's Certificate
- CPR Card
- DMV Driver Record Printout

Your application will not be considered complete until we have received all of the above information.

PERSONAL INFORMATION

(Please Type or Print)

Date:

Full Name	Last	First	Middle
Current Address	City	State	Zip
Telephone () _____	Message Phone () _____		
Work Phone () _____	May we call you at work? YES NO		
Email _____			
Position Applying For:			
Will you accept:			
<input type="checkbox"/> Full-Time? <input type="checkbox"/> Part-Time? <input type="checkbox"/> Temporary? <input type="checkbox"/> On-Call? <input type="checkbox"/> Night? <input type="checkbox"/> Saturdays? <input type="checkbox"/> Sundays?			
What date will you be available to start employment? _____			
How did you find out about this position? <input type="checkbox"/> On-Line Ad <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> EDD <input type="checkbox"/> Other (please specify) _____			

CHECK YES OR NO TO EACH OF THE FOLLOWING QUESTIONS. EXPLAIN WHEN NECESSARY.

Yes No

- Are you over 18 years of age? (If no, a work permit or proof of emancipation will be required.)
- Does the position for which you are applying require driving?
- If the answer to question 2 is "YES", do you have a valid California driver's license? (A current motor vehicle report may be required if driving is necessary for the position for which you are applying.)
- Can you provide proof after you are hired that you can legally work in the United States? (If hired, you will be required to submit proof of the legal right to work in the United States.)
- Can you, with or without accommodation, perform all of the essential functions of the job for which you are applying? We will consider all reasonable accommodations that may be necessary for a qualified applicant to perform the essential functions of the job.

EDUCATION/TRAINING

- Name and location of schools (high school, college, trade, business or correspondence).

Name	Location	Graduate?	Subjects Studied	Degree

- Special Training:** List below any training you have had which may help to qualify you for the position for which you are applying. Include trade, vocational, military, etc. Indicate type of training, where acquired, dates and whether you completed it successfully.
- Licenses/Certificates:** List any licenses or certificates you have which may help to qualify you for the position for which you are applying. Include software certificates, professional registration, etc.

Training	Title	State	Number	Date Expires

- Languages:** Does the position for which you are applying require bi-lingual or multi-lingual skills? If yes, please list any languages you speak or write fluently (please note "speak" or "write" as applicable):

EMPLOYMENT HISTORY

List your entire work experience BEGINNING WITH YOUR PRESENT OR LAST JOB. Show promotions as separate jobs. Be sure to include appropriate military experience. If you need additional space, please supply all requested information on a separate sheet and attach to this application.

Dates of Work
From _____
Mo. Yr.

To _____
Mo. Yr.

Full-Time Part-Time
Hrs. per Week _____

Employer's Name _____ Phone# _____

Address _____

Supervisor's Name _____ Title _____

Your Title _____

Describe Your Duties _____

May we contact this employer?
Yes No

Reason for Leaving _____

Dates of Work
From _____
Mo. Yr.

To _____
Mo. Yr.

Full-Time Part-Time
Hrs. per Week _____

Employer's Name _____ Phone# _____

Address _____

Supervisor's Name _____ Title _____

Your Title _____

Describe Your Duties _____

May we contact this employer?
Yes No

Reason for Leaving _____

Dates of Work
From _____
Mo. Yr.

To _____
Mo. Yr.

Full-Time Part-Time
Hrs. per Week _____

Employer's Name _____ Phone# _____

Address _____

Supervisor's Name _____ Title _____

Your Title _____

Describe Your Duties _____

May we contact this employer?
Yes No

Reason for Leaving _____

REFERENCES

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE READ CAREFULLY AND INITIAL
EACH PARAGRAPH BEFORE SIGNING**

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

Initial

I understand, where permissible under applicable law, I may be subject to a pre-employment drug screening after receiving a conditional offer of employment, and must successfully pass a drug screening before being permitted to commence work with the Company.

Initial

I understand, where permissible under applicable law, I may be subject to a medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the Company.

Initial

I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied including but not limited to my character, general reputation, personal characteristics, or mode of living and release same from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested.

Initial

I understand employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

Initial

I expressly understand and agree that either the Company or I may terminate my employment relationship with the Company at any time, with or without cause or notice.

Initial

I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other terms or condition of employment other than in a document signed by the President of the company or his/her authorized representative.

Initial

I certify that all of the above information is true and complete, and I understand that any falsification or material omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

Initial

MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____

Date _____

Applications will be maintained in accordance with applicable laws.

We consider applicants for all positions without regard to race, color, religion, national origin, age, sexual orientation, marital or veteran status, physical or mental disabilities, or any other legally protected status.