



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION (PLEASE PRINT OR TYPE)

DATE:	NAME: (FIRST, MIDDLE, LAST)	SSN:
STREET ADDRESS:		CITY: STATE: ZIP:
PHONE:	ALT. PHONE:	E-MAIL ADDRESS:
()	()	

REFERRAL SOURCE

WALK IN ADVERTISEMENT RELATIVE EMPLOYMENT AGENCY EMPLOYEE OTHER _____

■ IF REFERRED BY A CURRENT EMPLOYEE, PLEASE STATE NAME AND TITLE: _____

■ IF REFERRED BY AN AGENCY, PLEASE STATE AGENCY NAME: _____

POSITION DESIRED

POSITION: FULL-TIME PART-TIME

■ SOME POSITIONS MIGHT REQUIRE WORKING OVERTIME, WEEKENDS, EVENINGS, OR HOLIDAYS, IS THIS ACCEPTABLE?
 YES NO

MINIMUM PAY ACCEPTABLE: \$ _____ PER HOUR MONTH YEAR

DATE AVAILABLE: _____

ELIGIBILITY/HISTORY:

- ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES NO
- ARE YOU AT LEAST 18 YEARS OR OLDER? YES NO
- HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
(CONVICTION OF A CRIM WILL NOT AUTOMATICALLY DISQUALIFY AN APPLICANT FROM EMPLOYMENT)

IF YES, PLEASE EXPLAIN:

FOR CALIFORNIA APPLICANTS ONLY: DO NOT PROVIDE INFORMATION CONCERNING:

- (1) ANY CONVICTION FOR WHICH THE RECORD HAS BEEN JUDICIALLY ORDERED SEALED, EXPUNGED OR STATUTORILY ERADICATED; OR,
- (2) ANY MISDEMEANOR CONVICTION FOR WHICH PROBATION HAS BEEN COMPLETED OR DISCHARGED AND THE CASE HAS BEEN JUDICIALLY DISMISSED; OR
- (3) PURSUANT TO SECTION 432.8 OF THE CALIFORNIA LABOR CODE, PLEASE DO NOT PROVIDE ANY INFORMATION CONCERNING MISDEMEANOR OR INFRACTION MARIJUANA CONVICTIONS THAT OCCURRED MORE THAN TWO YEARS FROM TODAY'S DATE AND SPECIFICALLY HS11357 (B) OR (C), HS11360 (B), HS11364, HS11365, OR HS11550 AS THEY RELATED TO MARIJUANA BEFORE JANUARY 1, 1976 AND THEIR STATUTORY PREDECESSORS.

■ CAN YOU DO THIS JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS? YES NO

■ HAVE YOU EVER BEEN EXCLUDED, DEBARRED, SUSPENDED, OR OTHERWISE DETERMINED TO BE INELIGIBLE TO PARTICIPATE AS A PROVIDER, EMPLOYEE, OR AGENT OF A PROVIDER OF HEALTH CARE SERVICES ASSOCIATED WITH ANY FEDERAL, STATE, LOCAL, OR PRIVATE HEALTH CARE INSURANCE PROGRAM (FOR EXAMPLE, MEDICARE OR MEDICAID)? YES NO



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■ HAVE YOU EVER BEEN CONVICTED OF, PLEAD NO CONTEST TO OR BEEN THE BENEFICIARY OF A PLEA AGREEMENT INVOLVING A CRIMINAL OFFENSE CHARGED AGAINST YOU RELATED TO HEALTH CARE?

YES NO

■ HAVE YOU EVER BEEN EMPLOYED BY EXPRESS AMBULANCE? YES NO

■ PLEASE LIST ANY RELATIVES IN OUR EMPLOY, AND RELATIONSHIP: _____

■ DO YOU HAVE A CONTRACT OR AGREEMENT WITH ANOTHER COMPANY THAT MAY LIMIT YOUR ABILITY TO PERFORM WORK FOR EXPRESS AMBULANCE (E.G., A NON-COMPETE OR CONFIDENTIALITY AGREEMENT)?

YES NO

■ HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAMES? YES NO

IF YES, PLEASE LIST: _____

■ DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUE: _____ EXPIRATION DATE: _____

■ HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS? YES NO HOW MANY? _____

■ HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS? YES NO

HOW MANY? _____

THE FOLLOWING SECTION IS FOR EMPLOYMENT WITHIN THE HEALTHCARE INDUSTRY IN CALIFORNIA

PLEASE ANSWER THE FOLLOWING ONLY IF:

1. THE POSITION FOR WHICH YOU ARE APPLYING WILL PROVIDE YOU ACCESS TO PATIENTS.

■ HAVE YOU EVER BEEN ARRESTED FOR A SEX RELATED CRIME? YES NO

IF YES, PLEASE EXPLAIN:

2. THE POSITION FOR WHICH YOU ARE APPLYING WILL PROVIDE YOU ACCESS TO DRUGS OR MEDICATIONS.

■ HAVE YOU EVER BEEN ARRESTED FOR A DRUG RELATED CRIME? YES NO

IF YES, PLEASE EXPLAIN:

QUALIFICATIONS

TYPE OF TRAINING	EXPIRATION DATE (IF ANY)	LEVEL	INSTRUCTING AGENCY (IF ANY)	CERTIFICATION # (IF ANY)
EMT				
FIREFIGHTER				
CPR				
OTHER				



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EMPLOYMENT RECORD (PLEASE LIST EMPLOYERS FROM THE LAST 5 YEARS, MOST CURRENT FIRST. WE WILL BE CONTACTING SUPERVISORS FOR REFERENCES.)				
COMPANY NAME:		SUPERVISOR'S NAME:		PHONE:
STREET ADDRESS:		CITY:	STATE:	ZIP:
JOB TITLE:	WORK PERFORMED:		REASON FOR LEAVING:	
DATES OF EMPLOYMENT: FROM: TO:		SALARY: START \$ _____ END \$ _____ PER <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
COMPANY NAME:		SUPERVISOR'S NAME:		PHONE:
STREET ADDRESS:		CITY:	STATE:	ZIP:
JOB TITLE:	WORK PERFORMED:		REASON FOR LEAVING:	
DATES OF EMPLOYMENT: FROM: TO:		SALARY: START \$ _____ END \$ _____ PER <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
COMPANY NAME:		SUPERVISOR'S NAME:		PHONE:
STREET ADDRESS:		CITY:	STATE:	ZIP:
JOB TITLE:	WORK PERFORMED:		REASON FOR LEAVING:	
DATES OF EMPLOYMENT: FROM: TO:		SALARY: START \$ _____ END \$ _____ PER <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				

PLEASE PRINT AND ATTACH ADDITIONAL PAGE IF NECESSARY



APPLICATION FOR EMPLOYMENT

AVAILABILITY (PLEASE FILL IN SHIFT AVAILABILITY)							
DAYS	M	T	W	TH	F	S	SU
TIME							
EDUCATION – HIGH SCHOOL							
NAME:				LOCATION:			
LAST YEAR COMPLETED: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		GRADUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO HIGH SCHOOL DIPLOMA, DO YOU HAVE A GED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
EDUCATION – COLLEGE OR UNIVERISTY							
NAME:				LOCATION:			
LAST YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		GRADUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DEGREE/MAJOR:			
EDUCATION – GRADUATE SCHOOL							
NAME:				LOCATION:			
LAST YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2		GRADUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DEGREE/MAJOR:			
PROFFESIONAL COURSES, ETC.							
PROFESSIONAL COURSES:							
SPECIAL SKILLS, TRADE, SPECIALIZED TRAINING, APPRENTICESHIP, EXTRACURRICULAR ACTIVITIES:							
APPLICANT: DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY							
DATE APPLICATION RECEIVED:		POSITION APPLIED FOR: EMT <input type="checkbox"/> WC <input type="checkbox"/> DISPATCH <input type="checkbox"/> ADMIN <input type="checkbox"/> OTHER <input type="checkbox"/>					
DATE INTERVIEW SCHEDULED:		DOCUMENTS/CERTS: EXAM <input type="checkbox"/> EMT (CA) <input type="checkbox"/> EMT (SD) <input type="checkbox"/> ADL <input type="checkbox"/> DL51 <input type="checkbox"/> H6 <input type="checkbox"/> CPR <input type="checkbox"/>					
REVIEWED BY H.R. MANAGER:				REVIEWED BY EXECUTIVE MANAGEMENT:			



ACKNOWLEDGEMENT OF UNDERSTANDING

- THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT OR DISCLOSED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSIONS OR FALSE OR MISLEADING STATEMENTS I MAKE IN CONNECTION WITH THE APPLICATION PROCESS MAY RESULT IN EXPRESS AMBULANCE DENYING ME EMPLOYMENT OR, IF I AM HIRED, TERMINATING MY EMPLOYMENT.

- I UNDERSTAND THAT, IF I AM OFFERED A JOB, EXPRESS AMBULANCE MAY OBTAIN A BACKGROUND CHECK TO EVALUATE MY APPLICATION AND ELIGIBILITY FOR EMPLOYMENT STATUS, TO DETERMINE MY ELIGIBILITY FOR CONTINUED EMPLOYMENT, PROMOTION OR REASSIGNMENT, OR AFTER AN ACCIDENT. THE VERIFICATIONS OR REPORTS THE COMPANY OBTAINS MAY INCLUDE VARIOUS TYPES OF INFORMATION ABOUT ME, SUCH AS A VERIFICATION OF MY SOCIAL SECURITY NUMBER; CURRENT AND PVIOUS RESIDENCES; EMPLOYMENT AND EDUCATION HISTORY; PROFESSIONAL CERTIFICATIONS/LICENSES; CHARACTER REFERENCES; A CRIMINAL BACKGROUND CHECK; A MOTOR VEHICLE RECORDS CHECK, INCLUDING, BUT NOT LIMITED TOO TRAFFIC CITATIONS AND VEHICLE REGISTRATIONS; CREDIT HISTORY; REPORTS FROM AGENCIES REGARDING WHETHER OR NOT I HAVE BEEN EXCLUDED FROM WORKING WITHIN THE HEALTHCARE INDUSTRY (OIG) OR WITH A FEDERAL CONTRACTOR OR SUBCONTRACTOR (EPLS); AND ANY OTHER INFORMATION THAT IS MAINTAINED IN A PUBLIC RECORD. THE REPORTS PROVIDED TO EXPRESS AMBULANCE WILL NOT CONTAIN MEDICAL INFORMATION.

- I FULLY UNDERSTAND THAT, IF I AM OFFERED EMPLOYMENT, EXPRESS AMBULANCE MAY REQUIRE DRUG AND ALCOHOL TESTING TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW. SUCH TESTINGMAY BE DONE BEFORE EMPLOYMENT BEGINS AND ALSO BASED ON THE COMPANY’S REASONABLE SUSPICION OF USE, POSSESSION OR IMPAIRMENT AND AFTER AN ACCIDENT. A POSITIVE RESULT, REFUSING TO SUBMIT TO A DRUG AND ALCOHOL TEST, OR TAMPERING WITH A TESTING SAMPLE MAY RESULT IN THE DENIAL OR TERMINATION OF MY EMPLOYMENT.

- I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT EXTENDED BY EXPRESS AMBULANCE IS CONTINGENT UPON:
 1. PASSING A PRE-EMPLOYMENT DRUG AND ALCOHOL TEST;
 2. COMPLETION OF THE DISCLOSURE AND CONSENT FOR RELEASE OF INFORMATION FROM AUTHORIZING THE BACKGROUND/CONSUMER REPORT WITH SATISFACTORY RESULTS. (CERTAIN POSITIONS MAY HAVE ADDITIONAL PRE-EMPLOYMENT REQUIREMENTS, WHICH WILL BE DISCUSSED WITH YOU DURING THE APPLICATION PROCESS.)

- BY SIGNING BELOW I ACKNOWLEDGE THE INFORMATION HEREIN IS A TERM OF EMPLOYMENT AND RELEASE ANY FACILITY FROM ALL LIABILITY FOR DISCLOSING SUCH INFORMATION TO EXPRESS AMBULANCE.

APPLICANT NAME (PRINTED)

APPLICANT SIGNATURE

DATE

EXPRESS AMBULANCE COMPANY AND ITS SUBSIDIARIES PROHIBIT DISCRIMINATION ON THE BASIS OF RACE, COLOR, GENDER, SEXUAL ORIENTATION, AGE, RELIGION, DISABILITY, VETERAN’S STATUS, OR NATIONAL ORIGIN AND WILL COMPLY WITH ALL FEDERAL AND STATE NONDISCRIMINATION, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION LAWS, ORDERS AND REGULATIONS



APPLICANT EEO DATA SHEET

EXPRESS AMBULANCE MAY BE SUBJECT TO CERTAIN GOVERNMENTAL RECORDKEEPING AND REPORTING REQUIREMENTS FOR THE ADMINISTRATION OF CIVIL RIGHTS LAWS AND REGULATIONS. IN ORDER TO COMPLY WITH THESE LAWS, EXPRESS AMBULANCE INVITES APPLICANTS TO VOLUNTARILY SELF-IDENTIFY THEIR RACE OR ETHNICITY. SUBMISSION OF THIS INFORMATION IS VOLUNTARY AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT. ANY INFORMATION OBTAINED WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE USED IN ACCORDANCE WITH APPLICABLE FEDERAL LAWS AND REGULATIONS.

PLEASE PRINT			
DATE:	POSITION:	LOCATION:	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	NAME: (FIRST, MIDDLE, LAST)		
STREET ADDRESS:	CITY:	STATE:	ZIP:

RACE/ETHNIC ORIGIN (CHECK ONE ONLY)	
<input type="checkbox"/> HISPANIC OR LATINO	A PERSON OF CUBAN, MEXICAN, PUERTO RICAN, CENTRAL, OR SOUTH AMERICAN, OR OTHER SPANISH CULTURES OR ORIGIN REGARDLESS OF RACE.
<input type="checkbox"/> WHITE	A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, THE MIDDLE EAST, OR NORTH AFRICA.
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.
<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	A PERSON HAVING ORIGINS IN ANY OF THE PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.
<input type="checkbox"/> ASIAN	A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF FAR EAST, SOUTHEAST ASIA, OR THE INDIAN SUBCONTINENT, INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PAKISTAN, THE PHILIPPINE ISLANDS, THAILAND, AND VIETNAM.
<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE	A PERSON HAVING ORIGINS OF ANY OF THE ORIGINAL PEOPLES OF NORTH AND SOUTH AMERICAN (INCLUDING CENTRAL AMERICA), AND WHO MAINTAIN TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.
<input type="checkbox"/> TWO OR MORE RACES	ALL PERSONS WHO IDENTIFY WITH MORE THAN ONE OF THE ABOVE FIVE RACES.
<input type="checkbox"/> I DECLINE TO DISCLOSE MY RACE/ETHNIC ORIGIN	