

SILICON VALLEY *Ambulance*

Qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital status, veteran status or handicap.

Date of Application _____

Position(s) applied for: () EMT () Business Office
() Paramedic () Communications

Name _____
Last First Middle

Address _____
Number Street City State Zip

Phone Number _____ Social Security # _____

Have you ever filed a prior application? Yes _____ No _____ Date _____

Have you ever been employed here before? Yes _____ No _____ Date _____

Can you, after employment, submit verification of your legal right to work in the U.S.? _____

Are you able to work: Full-time _____ Part-time _____ Shift Work _____

Are you on lay-off and subject to recall? Yes _____ No _____

Can you travel if the job requires it? Yes _____ No _____

Are you related to anyone in our company? If so, state his or her name and department.

Did someone at our company refer you? If yes, who? _____

Summarize any special skills/qualifications you may have that pertain to the position applied for:

What foreign languages do you fluently speak, read or write? _____

List any clubs, organizations or professional societies to which you belong – you may omit those which indicate your race, color, religion, sex, national origin, age, marital or veteran status:

AN EQUAL OPPORTUNITY EMPLOYER

181 Martinvale Lane, San Jose, CA 95119
1-877-778-4911



EDUCATION

Elementary High College Graduate / Professional

School Name _____

Circle Years Completed 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Diploma / Degree _____

Paramedic School: Graduate: _____

Describe course of study: _____

Describe specialized training, apprenticeship, skills and extra-curricular activities:

Honors received: _____

State any additional information you feel may be helpful to us in considering your application:

California Driver's License #: _____ Expiration Date: _____

California Ambulance Driver's Certificate #: _____

- Do you possess any of the following: () EMT-1A Expires _____
- () Paramedic Expires _____
- () NREMTA Expires _____
- () CPR Card Expires _____
- () ACLS Expires _____
- () PALS / PEPP Expires _____
- () BTLS / PHTLS Expires _____
- () Medical Examiner's Card Expires _____
- () AMLS Expires _____
- () POST-Dispatch Expires _____

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Have you ever been convicted of a felony?Yes _____ No _____

If yes, please explain: _____

A conviction will not necessarily be a bar to employment. All factors such as age, time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.

Are you a veteran of the U.S. Military Service? Yes _____ No _____

If yes, what was your branch of U.S. Military Service? _____

Give the name, address and phone number of three references not related to you?

1. _____

2. _____

3. _____

If you have resided at your current address for less than 10 years, please list other addresses for that period.

In the past 3 years, have you been convicted of any of the following:

D.U.I.Yes _____ No _____

Reckless DrivingYes _____ No _____



WORK HISTORY

List every job held in the last 10 years. Start with your present or last job. Include military service assignments and volunteer activities, but do not list dates of military service or type of discharge. (Exclude groups which indicate race, color, religion, sex or national origin.)

Employer: _____ Dates: _____
Address: _____
Job Title: _____ Supervisor: _____
Duties: _____
Hourly/Salary: Start Pay: _____ Final Pay: _____
Reason for Leaving: _____

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If you need additional space, please continue on another sheet of paper.

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Please read the following statements carefully before signing this application. Only those applications that are signed and dated are deemed valid.

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment. I authorize my past employers and / or school to furnish any information concerning my previous employment and / or education. I release SILICON VALLEY AMBULANCE and all persons and organizations from all claims and liabilities of any nature arising from such investigations or the supplying of information for such investigations. In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry may include information on my character, general reputation and personal characteristics. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and the scope of this investigative consumer report.

I have no objection to making an application for a fidelity bond or security clearance, signing an employee agreement on confidential information and inventions or taking a physical / medical examination at any time at the option and the expense of the company. If hired, I will be required to submit proof of U.S. citizenship. I understand that my employment is for no definite period of time any may be terminated at any time by the company or by me with or without cause. I have read and understand the foregoing statements and accept the same as conditions of employment.

Signature of applicant: _____

AFFIDAVIT

The undersigned hereby certifies, under penalty of perjury, that he/she is not required to register as a sex offender under the provision of Section 290, California Penal Code; does not habitually or excessively use nor is he/she addicted to the use of narcotics or dangerous drugs, nor has he/she ever been convicted of any offense relating to the use, sale, possession or transportation of narcotics, habit-forming or dangerous drugs; does not continuously or excessively use intoxicating beverages; has not been convicted of any offense punishable as a felony, nor has been convicted of theft in the preceding ten (10) years; does not commit any acts involving moral turpitude. The undersigned further certifies that he/she understands that any false statement contained herein shall constitute grounds for immediate dismissal from any employment gained through having completed this application.

Signature of applicant: _____

AGREEMENT

I certify that all answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Signature of applicant: _____

AT-WILL DISCLAIMER

If given employment, I hereby agree that such employment is at-will and may be terminated by SILICON VALLEY AMBULANCE at any time without advance notice and without liability to me for wages or salary. I further understand that such termination may be for any reason or no reason at all.

Signature of applicant: _____

OFFICE USE ONLY

Date of employment: _____ Name of Interviewer: _____
Position: _____ Full-time / Part-time _____ Rate of Pay: _____
Employee #: _____

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