

AMERICAN LEGION POST 108 AMBULANCE SERVICE APPLICATION FOR EMPLOYMENT

11350 AMERICAN LEGION DRIVE ~ PO BOX 100 ~ SUTTER CREEK, CA 95685 ~ 209-223-2963

EMPLOYMENT INTERESTS

POSITION APPLYING FOR <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> Nurse		ARE YOU 21 or OVER <input type="checkbox"/> Yes <input type="checkbox"/> No
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PERSONAL

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER	DATE
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
E-MAIL		IF HIRED, ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK?		
DO YOU HAVE WORK SCHEDULE LIMITATIONS?		IF YES, PLEASE EXPLAIN:		
CAN YOU WITH OR WITHOUT ACCOMMODATION, PERFORM ALL OF THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?			YES	NO

EDUCATION / TRAINING

SCHOOL OR INSTITUTION	NAME AND ADDRESS OF SCHOOL	MAJOR	GRADUATED	YEARS
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER				
HONORS OR AWARDS RECEIVED:		PROFESSIONAL CERTIFICATES OR LICENSES HELD:		
DATES OF MILITARY SERVICE	BRANCH	HIGHEST RANK HELD	RESERVE STATUS	

REFERENCES

LIST OF PERSONS WHO MAY BE CONTACTED AND ARE QUALIFIED TO EVALUATE YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING. DO NOT INCLUDE RELATIVES.

NAME	ADDRESS	TELEPHONE	OCCUPATION	YRS. KNOWN

****NOTHING CONTAINED HEREIN IS INTENDED, EITHER EXPRESSED OR IMPLIED, TO PROVIDE ANY CANDIDATE FOR EMPLOYMENT A GUARANTEED RIGHT OF EMPLOYMENT OR TO ESTABLISH AN EMPLOYMENT CONTRACT.**

EMPLOYMENT HISTORY

INDICATE PREVIOUS EMPLOYERS FOR THE PAST THREE (3) YEARS, LISTING CURRENT OR MOST RECENT EMPLOYER FIRST; SHOW PERIODS OF UNEMPLOYMENT OR SELF-EMPLOYMENT. YOU MAY INDICATE PERIODS OF MILITARY SERVICE. ATTACH A SEPARATE SHEET, IF MORE SPACE IS NEEDED.

COMPANY NAME	CITY / STATE	TELEPHONE	DATES EMPLOYED: FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME	TYPE OF BUSINESS:	BASE RATE OF PAY: START: _____ END: _____
DESCRIPTION OF DUTIES		REASON FOR LEAVING:	

IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER?

COMPANY NAME	CITY / STATE	TELEPHONE	DATES EMPLOYED: FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME	TYPE OF BUSINESS:	BASE RATE OF PAY: START: _____ END: _____
DESCRIPTION OF DUTIES		REASON FOR LEAVING:	

COMPANY NAME	CITY / STATE	TELEPHONE	DATES EMPLOYED: FROM: _____ TO: _____
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COMPANY NAME	CITY / STATE	TELEPHONE	DATES EMPLOYED: FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME	TYPE OF BUSINESS:	BASE RATE OF PAY: START: _____ END: _____
DESCRIPTION OF DUTIES		REASON FOR LEAVING:	

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION.

ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED WILL BE CONSIDERED VALID.

I Certify that all answers or statements I have made on this Application for Employment 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 period of my employment. I authorize American Legion Ambulance to contact any of my past employers, except as otherwise indicated, and/or schools and authorize my past employers and/or schools to furnish any information concerning my previous employment and/or education. I release American Legion Ambulance and all persons and organizations from all claims and liabilities of any nature arising from such investigations or from providing such information for such investigations.

I have no objection to making application for a fidelity bond or security clearance, signing an employment agreement on confidential information and/or inventions. I understand I may be required to take a pre-employment physical/medical examination, which may include drug/alcohol screening; American Legion Ambulance will pay the costs of any such physical/medical examination. Once hired, I understand ambulance personnel must maintain and have in their possession at all times any state, county or other license or certification required for the job, including a California Driver's License.

If hired, I understand I will have twenty-four (24) hours to provide American Legion Ambulance with the information required to complete the Immigration and Naturalization Service's Form I-9. Federal law requires employers to obtain a completed INS Form I-9 from all job applicants hired after November 9, 1986.

I further understand, if hired, my employment is on an "at will" basis and may be terminated by either me or American Legion Ambulance with or without cause.

Applicant's Signature: _____ Date: _____