

## AMERICAN LEGION AMBULANCE SERVICE

11350 American Legion Drive  
Jackson, CA 95642

Phone: (209) 223-2963  
Fax: (209) 267-5463

# Job Application

*An Equal Opportunity Employer*

### Personal Information

Last	First	MI	SSN#	Email			
Street Address			City	State	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States?				Are you 21 or older?		If yes, Date of Birth	
Military Service?			Branch	Are you a veteran?		War	
What position are you applying for?				How did you hear about this position?			
Do you have work schedule limitations?				If hired, on what date will you be available to start work?			

### Prior Work Experience

	Current or Most Recent	Prior	Prior			
Employer						
Address						
City, State, ZIP						
Telephone						
Name of Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Description of Duties						
Reason for Leaving						
May We Contact						

## Education

	Name/Location	Last Year Complete				Degree	Major/Emphasis
High School		9	10	11	12		
College/University		1	2	3	4		
Trade School							
Other							
List any applicable special skills, training or proficiencies.							

## Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, State, ZIP			
Telephone			
Occupation			
Years known			

## Certification

**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 and/or attachments are true and correct without omissions. I acknowledge that any false statements or misrepresentation on this application or supplemental 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 understand I will be required to take a pre-employment drug/alcohol screening and may be required to take a pre-employment medical/physical exam. American Legion Ambulance will pay the costs of any such exams and/or screening. 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:** \_\_\_\_\_