

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 |
|--|---------------|--------------------|----|----|----|--------|----------------|
| | | 9 | 10 | 11 | 12 | | |
| High School | | | | | | | |
| 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: _____