



Thank you for applying to San Luis Ambulance. In order to be considered for a position with us, it is mandatory to include copies of all the requested certifications and licenses listed below to complete application submission.

Position applying for – Please check appropriate box

- | | | | |
|-------------------|--------------------------|----------------------|--------------------------|
| EMT– P: | <input type="checkbox"/> | EMT-B: | <input type="checkbox"/> |
| Full–Time: | <input type="checkbox"/> | Reserve Only: | <input type="checkbox"/> |
| Reserve: | <input type="checkbox"/> | | |

2 Letters of Reference		<input type="checkbox"/>	<input type="checkbox"/>
BLS CPR Card	Expiration Date	_____	
California Ambulance Driver Certificate	Expiration Date	_____	
California Driver's License	Expiration Date	_____	
California Paramedic License	Expiration Date	_____	
Current DMV Printout (valid 90 days)	Printout Date	_____	
EMT-B Certificate	Expiration Date	_____	
Medical Examiner's Certificate	Expiration Date	_____	
Resume'			

Complete applications are always accepted and held until our next hiring process. It is your responsibility to keep it current. Please inform us if you would like your application held longer than one year.

Letters are mailed to all applicants one month prior to our testing date; this letter requires an RSVP.

If you have any questions regarding the application please contact us at 805-543-2626.

APPLICATION FOR EMPLOYMENT

To Applicant: We appreciate your interest in San Luis Ambulance (SLA), and we are interested in your qualifications. A clear understanding of your background and work history will help us in placing you in the position that best meets your qualifications. It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, veteran status or physical handicap.

Please attach photocopies of **ALL** current certifications and licenses you possess (i.e., BLS-CPR, Ambulance Driver's Certificate, EMT-B Certificate, EMT-P License, Medical Examiner's Certificate, California Driver's License, ICS100, ICS 200, Haz Mat FRO).

Also, please attach a **CURRENT** Department of Motor Vehicles' printout of your driving record. If there are any accidents listed on this printout, you must provide SLA with a copy of the accident report(s), **whether or not the accident was your fault.**

NOTE: Applications WILL NOT be complete without all necessary documentation. We do not accept electronic applications. Please print completed application and either mail or deliver in person to our office located at: 3546 South Higuera Street, San Luis Obispo, CA 93401.

Position applying for– Please check appropriate box

EMT-P: **EMT-B:**

Full-Time: **Reserve Only:**

Reserve:

Full-Time: *Scheduled to work 120 hours (five 24-hour shifts) per two week pay period and eligible to receive vacation and insurance benefits.*

Reserve: *As needed basis to cover sick, vacation, long distance transfers, and special events.*

PERSONAL INFORMATION

Date:	___/___/___	E-mail Address:	_____
Name:	_____		
	Last	First	Middle
Current Address:	_____		
	Street		
	_____	_____	_____
	City	State	Zip
Telephone #:	Home (____) _____	Cell (____) _____	
Social Security #:	_____-_____-_____		
Driver's License #:	_____		

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| ◆ Are you legally eligible for employment in the USA? | <input type="checkbox"/> | <input type="checkbox"/> |
| ◆ Are you over 21 years old? | <input type="checkbox"/> | <input type="checkbox"/> |
| ◆ Have you ever been charged and/or convicted of a crime? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, explain: _____

- ◆ Are there any hours, shifts or days you cannot or will not work? Yes No

If yes, explain: _____

- ◆ Have you ever worked for SLA before? Yes No

If yes, give date(s): _____

- ◆ List any friends or relatives working for SLA.

- ◆ If your application is considered favorably, on what date will you be able to begin?

- ◆ Are there any experiences, skills, or qualifications that you feel would make you especially suited to work for SLA.

MILITARY SERVICE RECORD

- ◆ Were you in U.S. Armed Forces? Yes _____ No _____
- If yes, Branch? _____
- ◆ Dates of duty: From: _____ To: _____
Month Day Year Month Day Year
- ◆ Rank at time of discharge: _____
- ◆ Type of discharge: _____
- ◆ List duties in the service, including special training: _____

- ◆ Are you currently an active member of the National Guard or Reserves? Yes No

EDUCATION

Level	Name and Location of School	Years Attended	Major	Diploma or Degree
High School		From:		
		To:		
College/ University		From:		
		To:		
EMT-P School		From:		
		To:		
Other		From:		
		To:		

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			
American Sign			

REFERENCES

Provide the name, address and telephone number of two individuals who can attest to your good character. **DO NOT** list individuals who are employees of SLA or relatives.

Name	Address	Phone	Years Known

Additionally, **THIS IS MANDATORY FOR A COMPLETE APPLICATION, attach letters of reference** from these individuals stating the time they have known you and that they attest to the fact that their personal knowledge of you is of good character.

LICENSES - CERTIFICATES - PERMITS

Please attach photocopies of **ALL** current certifications and licenses you possess (i.e., BLS-CPR, Ambulance Driver's Certificate, EMT-B Certificate, EMT-P License, Medical Examiner's Certificate, California Driver's License, ICS 100, ICS 200, Haz Mat FRO).

Also, please attach a **CURRENT** Department of Motor Vehicle's printout of your driving record. If there are any accidents listed on this printout, you must provide San Luis Ambulance with a copy of the accident report(s), **whether or not the accident was your fault.**

MANDATORY CERTIFICATIONS & LICENSES

	<u>Expiration Date</u>
Valid CA Driver's License # _____	_____
Valid CA Ambulance Driver Certificate	_____
Emergency Medical Technician B Certificate	_____
Medical Examiner's Certificate	_____
California Paramedic License	_____
County of Accreditation _____	_____
CPR: Health Care Provider or Equivalent	_____

EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, please list **ALL** jobs (including part-time, temporary, and voluntary positions) you have held. For identification and verification, please indicate the nature of the activity, i.e., full-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided. Do not omit any period of employment.

Dates of Employment ____/____ to ____/____ (Mo. / Yr.) (Mo. / Yr.)	Name and Address of Employer _____ _____ _____
Telephone No. _____	
Name of Supervisor _____	
Name(s) of Co-worker(s) _____	
Title _____	
Duties _____	
Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service	
Reason for Leaving: _____ _____	
<input type="checkbox"/> Termination, please explain (Be Specific) _____ _____	
<input type="checkbox"/> Resignation, please explain (Be Specific) _____ _____	

<p>Dates of Employment</p> <p>____/____/____ to ____/____/____ (Mo. / Yr.) (Mo. / Yr.)</p>	<p>Name and Address of Employer</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Telephone No. _____</p>	
<p>Name of Supervisor _____</p>	
<p>Name(s) of Co-worker(s) _____</p>	
<p>Title _____</p>	
<p>Duties _____</p>	
<p>Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service</p>	
<p>Reason for Leaving: _____</p> <p>_____</p>	
<p><input type="checkbox"/> Termination, please explain (Be Specific) _____</p> <p>_____</p>	
<p><input type="checkbox"/> Resignation, please explain (Be Specific) _____</p> <p>_____</p>	

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<p>Name(s) of Co-worker(s) _____</p>	
<p>Title _____</p>	
<p>Duties _____</p>	
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<p><input type="checkbox"/> Resignation, please explain (Be Specific) _____</p> <p>_____</p>	

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<p>Telephone No. _____</p>	
<p>Name of Supervisor _____</p>	
<p>Name(s) of Co-worker(s) _____</p>	
<p>Title _____</p>	
<p>Duties _____</p>	
<p>Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service</p>	
<p>Reason for Leaving: _____</p> <p>_____</p>	
<p><input type="checkbox"/> Termination, please explain (Be Specific) _____</p> <p>_____</p>	
<p><input type="checkbox"/> Resignation, please explain (Be Specific) _____</p> <p>_____</p>	

GENERAL INFORMATION AND FACTS

I understand and agree that:

- 1.) I am aware that ambulance employees are subject to heavy lifting, often under adverse conditions.
- 2.) I am aware that ambulance employees are often subject to working shifts of more than forty-eight (48) consecutive hours.
- 3.) I am aware that ambulance employees are often subject to transporting persons with contagious illnesses and/or diseases.
- 4.) Due to the nature of the ambulance service business, employees are often scheduled to work holidays such as Christmas and Thanksgiving.
- 5.) From time to time, it may be necessary for an employee to work unscheduled overtime. Therefore, in accepting employment with SLA, all employees assume an obligation to work not only regular shift assignments, but also overtime assignments whenever it may become necessary.
- 6.) I agree that if requested by the management of SLA, I will submit to a search of my person or of any locker that may be assigned to me, and I hereby waive all claims for any damages on account of such examination.
- 7.) I am aware that SLA will require me to take an EMT-B or EMT-P skills (written) and physical agility test prior to consideration for employment.
- 8.) It is my understanding that employees of SLA, who are suspected of intoxication for any reason while on duty or prior to going on duty may be subject to a medical examination and alcohol or drug screening. Such examinations and/or tests, when requested, are a condition of employment.
- 9.) It is my understanding that if employed, such employment is for an indefinite period of time and that SLA can change wages, benefits and employment conditions at any time.
- 10.) It is my understanding that although SLA makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my employment.
- 11.) It is my understanding that I must submit SLA photocopies of my Ambulance Driver Certificate, CPR card, Medical Examiner's Certificate, EMT card, Department of Motor Vehicle's driving record and any other licenses, permits or certificates of training that I may hold. It is a condition of employment to maintain all certifications and licenses.

Initial

Date

GENERAL INFORMATION AND FACTS, CONT.

12.) I am aware that SLA will require me to undergo drug screening if I am offered a position of employment. Additionally, I will be subject to “for cause” screening throughout my employment with SLA.

13.) I am aware that SLA will make a thorough investigation of my entire employment and personal history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by SLA. Additionally, I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate termination.

14.) I agree that my employment may be terminated by SLA at any time without liability for wages or salary except such as may have been earned at the date of such termination.

_____ **Date**

_____ **Signature of Applicant**

APPLICANT'S STATEMENT

Please read and sign below.

I certify that 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 an employment decision.

This application for employment shall be considered active for a period of time not to exceed one hundred-eighty (180) days. At the end of this period, if SLA has not had a hiring process for the position applied for, the applicant may request an extension.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, an employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I hereby understand all applicants may be subject to an in-depth physical exam and drug screening.

In the event of employment, I understand that false, missing 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 SLA.

Date

Signature of Applicant

CHP—ADL

1106

- (B) **Owner's Responsibility:** Every owner, operator, director or employee of an ambulance service shall comply with all provisions of this article and shall be responsible for prohibiting any person in the employ of such service from:
 - (1) Driving an ambulance when not thoroughly familiar with the provisions of sections 21055, 21056, 21806, 21807, and 23103 of the vehicle code.
 - (2) Acting at any time in the capacity of an ambulance attendant when such person:
 - (A) Is required to register as a sex offender under the provision of Sections 290 of the Penal Code.
 - (B) Habitually or excessively uses or is addicted to the use of narcotics or dangerous drugs, or has been convicted of any offense relating to the use, sale, possession, or transportation of narcotics, habit-forming or dangerous drugs.
 - (C) Continuously or excessively uses intoxicating beverages.
 - (D) Has been convicted of any offense punishable as a felony or has been convicted of theft in either degree during the preceding ten-year period.
 - (E) Has committed any act involving moral turpitude.
 - (F) Does not comply with the ambulance attendant qualification requirements in section 1101.2 of this article.

I have read the above regulations as reprinted from the Ambulance Driver's Handbook published by the California Highway Patrol and declare under penalty of perjury that the following statements are true and correct.

- 1. I am not required to register as a sex offender.
- 2. I do not habitually or excessively use or am I addicted to the use of narcotics or dangerous drugs, or have I ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics, or dangerous drugs.
- 3. I do not continuously or excessively use intoxicating beverages.
- 4. I have never been convicted of any offense punishable as a felony or have I ever been convicted of theft in either degree.
- 5. I have never committed any act involving moral turpitude.

Date _____

Signature _____

As an applicant for a position on the ambulance, I realize physical agility and strength are of prime importance for the desired position. Therefore, I shall not hold SLA, its officers, employees and/or agents responsible for any injury sustained directly or indirectly by attempting to qualify for said employment.

Date _____

Signature _____

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Date ____/____/____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name: _____

Address: _____

City: _____ State _____ Zip _____

Social Security # _____/_____/_____

RACE/ETHNIC ORIGIN:

- WHITE: All persons having origins in any of the original peoples of Europe, N. Africa or the Middle East.
- BLACK: Persons having origins in any of the Black racial group.
- ASIAN OR PACIFIC ISLANDER: Persons with origins in any of the original peoples of the Far East, Southeast, the Indian Subcontinent, or the Pacific Islands.
- AMERICAN INDIAN OR ALASKAN NATIVE: Persons with origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- HISPANIC: Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin regardless of race.

ADDITIONAL INFORMATION:

YES NO

- Handicapped (Describe): _____
- Vietnam Era Veteran
- Disabled Veteran

AUTHORITY FOR THE RELEASE OF INFORMATION

I, _____, hereby authorize you to furnish SLA with any and all information that you may have concerning my work history, work related conduct, school records, and/or Department of Motor Vehicle's records, including information based on material in my personnel file. This information is to be used to assist SLA in determining my qualifications and fitness for the position I am seeking.

I further authorize you and/or your designated representatives to respond to verbal or written inquires from SLA regarding my employment record with your organization.

I do hereby agree to release, save, defend and hold harmless you and your organization, and/or its employees or agents from any claims, liability or damage that may result from furnishing the information requested above.

Copies of this authorization with my signature are as valid as the original release signed by me. The original of this form is maintained by SLA and will be made available upon demand.

Waiver is Good for One Year from Date of Issuance

Applicants Name (Please Print)

Date of Birth

Applicants Signature

Date

Witness Signature

Date