

SIERRA AMBULANCE SERVICE, Inc.

P.O. Box 2307, Oakhurst, CA 93644

559-642-0650

fax 559-683-7200

www.sierraambulance.org



Employment Application

Name: _____ Phone: _____
Mailing Address: _____ Pager/Alt. Phone: _____
City/State/Zip: _____ Social Security No.: _____
Position Sought: _____ Calif. Drivers Lic. No.: _____
E-mail: _____

Attach copies of ALL certifications, Licenses and a DMV printout with application.

Summary of Experience

(Last five years, including volunteer work. Attach extra sheet if necessary.)

Employer Name & Address	Dates of Employment		Supervisor	Job Title/Description. Reason for leaving.

Summary of Driving History

Has applicant received a citation for moving traffic violation within the past (5) years? Y / N.

Has applicant ever received a citation for a traffic violation, (regardless of the number of years), which I anyway involved **alcohol, drugs, reckless driving or bodily injury**? Y / N.

If **YES**, to either of the above two questions, please complete the following:

Type of violation	Date	City/jurisdiction	Comments

Attach extra sheet if necessary.

Has applicant ever been involved as a driver in a **TRAFFIC ACCIDENT** in the last (5) years? Y/N

Location of Accident	Date	Alcohol or drugs?	Bodily Injury?	Comments

Attach extra sheet if necessary.

Summary of Legal and Medical History

Has applicant been **CONVICTED** of a misdemeanor within the last (7) years, or ever been convicted of a felony? Y / N .

Date of Arrest	Jurisdiction	Nature of charge	Disposition	Comments

Attach extra sheet if necessary.

Has the applicant ever been incarcerated and/or treated for the excessive use of alcohol and/or drugs? Y / N . If yes, please explain.

Has applicant read the appropriate Job Description? Y / N.

Does the applicant know of any physical condition which would prevent him/her from performing the duties of the position for which he/she is applying? Y / N.

Educational Summary

List high school, college, graduate school, trade schools, and any past medical training. A resume may be substituted for this portion.

Name/location of school	Dates of attendance	Units completed	Graduated? (date)	Type of degree or certification received.

Residence History

List all residence addresses for the previous five years; most recent first.

Address/City	From	To

References

Please list name with an address or phone number of three references, not related to you. At least two should have known you for at least three years.

Name	Address	Relationship	Years known

Statement of Applicant

(Initial each number)

1. _____. I am not required to register under the provisions of Section 290 of the California Penal Code.
2. _____. I do not unlawfully use, consume, possess, sell, furnish, transport, or give away, nor will I unlawfully use, consume possess, sell, furnish, transport or give away any dangerous or restricted drugs proscribed or prohibited by any statute, ordinance, code or directive of any governmental agency embodied with the lawful authorization to enact or issue such statute, ordinance, code or directive, nor am I addicted to the use of narcotics or dangerous drugs, nor at any time during the preceding seven years have I been convicted of any offense relating to the use, sale, possession or transportation of narcotics, addictive or dangerous drugs.
3. _____. I do not habitually and excessively use intoxicating beverages.
4. _____. I have not been convicted of any offense punishable as a felony involving force, violence, threat or intimidation, or been convicted of theft in either degree, or committed any act involving moral turpitude including fraud or intentional dishonesty for personal gain during the preceding seven years.
5. _____. I fully understand that the purpose of this application is to enable Sierra Ambulance Service, Inc. to conduct partial pre-employment screening process of all potential employees and, as such, accurate and complete information on said application is essential for such purpose. Further, I am aware that all personnel files, including applications for employment are subject to complete inspection by governmental authorities such as the California Highway Patrol. Therefore, I agree that any falsification or material omission from this application constitutes a valid legal grounds for discharge.
6. _____. I give my permission for Sierra Ambulance Service, Inc. or any representative appointed by management of Sierra Ambulance Service, In. to contact my past employers, any State Department of Motor Vehicles office, any law enforcement agency, any school, past landlord, any branch of the military and any references listed on this application and any additional references that are given by the references listed. I understand that this information will be treated in a confidential manner with the management of Sierra Ambulance Service, Inc., and that information that is obtained will be used in determining my eligibility for employment with Sierra Ambulance Service, Inc.
7. _____. I understand that Sierra Ambulance Service, Inc. has certain dress, grooming, performance and attendance standards. In the event I am employed, I agree to be bound to those standards as they now exist and/or as they may be modified from time to time by the Sierra Ambulance Service Board of Directors or their designee.

8. _____ . AT WILL' EMPLOYMENT. I, hereby acknowledge that employment at Sierra Ambulance Service, Inc. is at will. Employment may be terminated by either the employer or the employee for any reason, at any time. No contract, either written or implied exists between the employer and the employee.

I, hereby certify that I have fully read the application including the **Statement of Applicant** and know the contents thereof, that I am not prohibited by statute or regulation from employment as an ambulance driver or attendant under California State law.

signature

Date

Return completed application along with supporting documentation to:

Operations
Sierra Ambulance Service, Inc.
P.O. Box 2307
Oakhurst, CA 93644