

Instructions: Fill out this form, and save it to your PC using your name as filename. Send it via email attachment or print and fax.

CAL-MED AMBULANCE SERVICE

12409 SLAUSON AVENUE, STE: B

WHITTIER, CA 90606

OFFICE (562) 968-1818 FAX (562) 320-6798

APPLICATION FOR EMPLOYMENT

Cal-Med Ambulance Service, Inc. considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied for

EMT DISPATCHER MARKETING BILLING OTHER

Date of Application

How Did You Learn About Cal-Med Ambulance Service?

Advertisement Relative:

Friend:

Inquiry Employment Agency:

Other:

Last Name

First Name

Middle Name

Address Number Street

City

State

Zip Code

Telephone Number(s) Home

Cell

Social Security Number

The best time to contact you is: AM PM

Have you ever filled out an application with Cal-Med Ambulance Service before? Yes No

If Yes, give date(s):

Have you ever been employed with Cal-Med Ambulance Service Before? Yes No

If Yes, give date(s):

Do any of your friends or relatives, other than your spouse, work for Cal-Med Ambulance? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? *Proof of citizenship or immigration status will be required upon employment* Yes No

Date you are available for work: What is your desired salary range:

Are you available to work: Full-Time Part-Time On Call

Please indicate On Call dates available:

Do you have any limitations on availability for days or hours worked? Yes No

If Yes, please list explain:

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the last five years? Yes No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

CAL-MED AMBULANCE SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name & Address	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

3 YEAR EMPLOYMENT HISTORY & EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Please exclude any organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<p>Employer <input style="width: 100%;" type="text"/></p> <p>Address <input style="width: 100%;" type="text"/></p> <p>Telephone Number(s) <input style="width: 100%;" type="text"/></p> <p>Job Title <input style="width: 50%;" type="text"/> Supervisor <input style="width: 50%;" type="text"/></p> <p>Reason for Leaving <input style="width: 100%;" type="text"/></p>	<p>Work Performed/Job Duties</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p>Dates Employed</p> <p>From: <input style="width: 100%;" type="text"/></p> <p>To: <input style="width: 100%;" type="text"/></p> <p>Hourly Rate/Salary Starting: <input style="width: 100%;" type="text"/></p> <p>Final: <input style="width: 100%;" type="text"/></p>
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If you need additional space, please continue on a separate sheet of paper

ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held.

Please exclude any membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences.

SPECIALIZED SKILLS/EQUIPMENT OPERATED

(This section does NOT Apply to EMT's)

Terminal Spreadsheet

PC/MAC Word Processing

Typewriter Shorthand

WPM WPM

Machinery (list)

Other (list)

State any additional information you feel may be helpful to us in considering your application.

Note to applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

REFERENCES

(This section does NOT Apply to EMT's)

Name Phone#

Address

Name Phone#

Address

Name Phone#

Address



Dispatch (877) 686-5522
 Local (562) 968-1818
 Fax (562) 320-6798
 www.calmedambulance.com

12409 Slauson Ave, Suite B, Whittier, CA 90606

RELEASE & WAIVER FOR ONLINE APPLICATION

PART 1:

I hereby authorize any authorized representative of CALIFORNIA MEDICAL RESPONSE, INC. (Doing Business As: CAL-MED AMBULANCE) bearing this release, or a copy of it to obtain any information pertaining to my employment, including but not limited to, documents concerning education, academic achievement, attendance, personal history, work performance, background investigations, and discipline, including any files which are deemed to be confidential and/or sealed. I hereby direct you to release this information upon request of the bearer. I further authorize CALIFORNIA MEDICAL RESPONSE, INC. to make xerographic copies of these records. This release is executed with the full knowledge and understanding that the information is for the official use of CALIFORNIA MEDICAL RESPONSE, INC. Consent is granted for CALIFORNIA MEDICAL RESPONSE, INC. to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided and background report prepared by CALIFORNIA MEDICAL RESPONSE, INC. I hereby release you, as my employer, former employer, prospective employer, or representative thereof and any school, college, university, or other educational institution, including any of their officers, employees, or related personnel, both individually and collectively, from any liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. If further information regarding this request is needed, please call our office at the phone number listed above.

PART 2:

I certify that the answers given herein are true and complete. I authorize investigations 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 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and CALIFORNIA MEDICAL RESPONSE, INC. may discharge 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 an authorized executive of CALIFORNIA MEDICAL RESPONSE, INC. specifically acknowledges such a change in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in immediate termination without warning. I also understand, that I am required to abide by all rules and regulations of CALIFORNIA MEDICAL RESPONSE, INC. I further understand that CALIFORNIA MEDICAL RESPONSE, INC. is a "DRUG FREE" workplace, and all qualified applicants will be required to submit to and pass a pre-employment drug screen.

Print Name

Social Security Number

Signature _____

Date _____

Home Phone Number

Cell Phone Number

California Medical Response, Inc.
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