



APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____
Address: _____ City _____ State _____ Zip _____
Mailing Address: _____ City _____ State _____ Zip _____
Home # (____) ____ - ____ Cell # (____) ____ - ____ Pager # (____) ____ - ____
Email _____ Referred By: _____

EMPLOYMENT DESIRED

Position: Critical Care Transport Nurse
Status: Full Time / Part Time Salary Desired _____ Start Date: _____
Currently Employed: YES / NO If yes, may we call current employer? YES / NO
Have you ever applied here? YES / NO When? _____
Have you ever been previously employed by Mission Ambulance, Inc? YES / NO
If yes when? From _____ to _____

GENERAL INFORMATION

Licenses and Certifications: *(Check those that apply)*

- | | |
|---|--|
| <input type="checkbox"/> California Drivers License | <input type="checkbox"/> RN License |
| <input type="checkbox"/> Ambulance Drivers License | <input type="checkbox"/> ACLS Provider Card |
| <input type="checkbox"/> Medical Examiner's Card | <input type="checkbox"/> PALS Provider Card |
| <input type="checkbox"/> ENPC Provider Card | <input type="checkbox"/> C.P.R. Healthcare Provider Card |
| <input type="checkbox"/> TNCC Provider Card | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CEN Card | <input type="checkbox"/> Other: _____ |

Skills / Training: *(Please Specify)*

EDUCATION HISTORY

| (NAME & LOCATION OF SCHOOL) | (YEARS) | (GRADUATE?) | (SUBJECTS) |
|-----------------------------|---------|-------------|------------|
| High School | | | |
| College | | | |
| Technical School | | | |

EMPLOYMENT HISTORY (LIST LAST FIVE YEARS, STARTING WITH THE MOST RECENT)

| (DATES) | (COMPANY NAME & ADDRESS) | (SALARY) | (POSITION) | (REASON FOR LEAVING) |
|------------------------|--------------------------|---------------|------------|----------------------|
| From _____ To _____ | | | | |
| | | Phone Number: | | |
| From _____ To _____ | | | | |
| | | Phone Number: | | |
| From _____ To _____ | | | | |
| | | Phone Number: | | |
| From _____ To _____ | | | | |
| | | Phone Number: | | |
| From _____ To _____ | | | | |
| | | Phone Number: | | |

DRIVING HISTORY

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES / NO

B. Has any license, permit, or privilege ever been suspended or revoked? YES / NO

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

C. List any special sources or training that would help you as a driver: _____

D. Do you hold any Safe Driving Awards? YES / NO From who/where did you obtain award?

E. List any trucking, transportation, or other experience that may help in your work for this company:

REFERENCES (NAMES OF 3 PEOPLE NOT RELATED, WHOM YOU KNOW FOR AT LEAST ONE YEAR)

| NAME | PHONE | ADDRESS | YEARS |
|------|-------|---------|-------|
| | | | |
| | | | |
| | | | |

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____

Signature _____

*** Application must be turned in with copies of all certifications (front and back) to move forward in the hiring process.**