



APPLICATION FOR INTERNSHIP

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: **EMS Internship Program**
 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:

- | | |
|--|--|
| <input type="checkbox"/> CA Drivers License | <input type="checkbox"/> ACLS Provider Card |
| <input type="checkbox"/> CA Ambulance Driver Cert. | <input type="checkbox"/> PALS/PEPP Provider Card |
| <input type="checkbox"/> Medical Examiner's Card | <input type="checkbox"/> C.P.R. Instructor Card |
| <input type="checkbox"/> CA County EMT Card | <input type="checkbox"/> First Aid Instructor Card |
| <input type="checkbox"/> National Registry EMT Card | <input type="checkbox"/> ACLS Instructor Card |
| <input type="checkbox"/> C.P.R. Healthcare Provider Card | <input type="checkbox"/> PALS Instructor Card |

Skills / Training:

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:		

REFERENCES (NAMES OF 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 forgoing, 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 _____