



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: LIFEGUARD

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"/> California Drivers License | <input type="checkbox"/> Lifeguard Certification |
| <input type="checkbox"/> Healthcare Provider CPR | <input type="checkbox"/> First Aid Certification |
| <input type="checkbox"/> EMT Certification | <input type="checkbox"/> Water Safety Instructor |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Skills / Training:

EDUCATION HISTORY

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

Technical School			
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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 3 PEOPLE NOT RELATED, WHOM YOU KNOW FOR AT LEAST ONE YEAR)

NAME	PHONE	ADDRESS

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my 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 as personal or otherwise, and release the company from all liability for any damage that may result from u information.

I also understand and agree that no representative of the company has any make any agreemen 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 other relevant federal a

Date _____

Signature _____

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