

KING-AMERICAN AMBULANCE
APPLICATION FOR EMPLOYMENT

Rev: 6-18-19

King-American Ambulance is an equal opportunity employer. If you need any special accommodations to apply for or take any section of the King-American Ambulance testing process please contact the office at (415) 931-3000 Ext 132.

Incomplete or illegible applications will not be considered; resumes are not accepted in lieu of this application. If additional space is required, attach additional sheets as needed.

Position: (Paramedic _____) (EMT _____) (Dispatch _____) (Office _____)

Name _____
Last First Middle

Address _____
Street Mailing City State Zip

Phone #'s () _____ () _____ () _____
Home Bus. Other

Drivers License # _____
State / Exp. Date _____ / _____
Class _____

Are you at least 18 years of age? _____ (yes or no)
If not, can you furnish a work permit? _____ (yes or no)

Can you submit verification of your legal right to work in the United States after employment? _____ (yes or no)

Have you ever been discharged from employment or resigned to avoid being discharged? (yes or no; if yes please explain) _____

Do you have any medical or office experience? (yes or no) _____
If yes please explain.

KING-AMERICAN AMBULANCE
APPLICATION FOR EMPLOYMENT

Rev: 6-18-19

Have you graduated from high school or do you have a G.E.D. _____ (yes or no)

Schools Attended: High School _____
Name _____ City _____
College _____
Name _____ City _____
Trade School _____
Name _____ City _____
Other _____
Name _____ City _____

Professional Certificates or Licenses (other than what is listed on page 4)

Type _____ Lic./Cert # _____ Date Rec. _____ Exp. _____
Type _____ Lic./Cert # _____ Date Rec. _____ Exp. _____
Type _____ Lic./Cert # _____ Date Rec. _____ Exp. _____

Special/Technical training or school. (yes or no) _____

Type _____ Date Completed _____
Type _____ Date Completed _____
Type _____ Date Completed _____

Personal References (Do not include relatives or employers; list at least two)

Name _____ Address _____
Occupation _____ Years Known _____ Phone # () _____
Name _____ Address _____
Occupation _____ Years Known _____ Phone # () _____
Name _____ Address _____
Occupation _____ Years Known _____ Phone # () _____

Have you ever served as a member of the Armed Forces of the United States?
(Yes or No)

Work Experience: (Begin with your present and most recent experience. You must account for all time during the past ten years. Attach additional sheets as needed.)

Employer _____ Your Title _____
Address _____ Phone # () _____
Number Street City State Zip
Your duties _____
Supervisors name _____ Employed from _____ to _____
Reason for leaving _____

KING-AMERICAN AMBULANCE
APPLICATION FOR EMPLOYMENT

Rev: 6-18-19

Employer _____ Your Title _____
Address _____ Phone # () _____
Number Street City State Zip
Your duties _____
Supervisors name _____ Employed from _____ to _____
Reason for leaving _____

Employer _____ Your Title _____
Address _____ Phone # () _____
Number Street City State Zip
Your duties _____
Supervisors name _____ Employed from _____ to _____
Reason for leaving _____

Employer _____ Your Title _____
Address _____ Phone # () _____
Number Street City State Zip
Your duties _____
Supervisors name _____ Employed from _____ to _____
Reason for leaving _____

Employer _____ Your Title _____
Address _____ Phone # () _____
Number Street City State Zip
Your duties _____
Supervisors name _____ Employed from _____ to _____
Reason for leaving _____

Employer _____ Your Title _____
Address _____ Phone # () _____
Number Street City State Zip
Your duties _____
Supervisors name _____ Employed from _____ to _____
Reason for leaving _____

Employer _____ Your Title _____
Address _____ Phone # () _____
Number Street City State Zip
Your duties _____
Supervisors name _____ Employed from _____ to _____
Reason for leaving _____

Attach Resume if you have one.

KING-AMERICAN AMBULANCE
APPLICATION FOR EMPLOYMENT

Rev: 6-18-19

I certify that the statements and answers given in this application and all attachments are true and complete. I understand and agree that any misstatements, omissions or misleading information of material facts may cause forfeiture, on my part, of the position I am applying for.

I understand and agree to abide by all rules, regulations and policies of King-American Ambulance.

I understand and agree that I may be required to submit to a physical examination and/or drug testing as a condition of my employment.

ATTACH COPIES OF THE FOLLOWING:

EMT's

Paramedic's

- _____ EMT Card
- _____ CPR Card
- _____ Driver's License
- _____ Ambulance License
- _____ DMV Med. Exam. Cert.
- _____ EVOC (not mandatory)
- _____ Current DMV (3 Year Printout)
- _____ ICS 100
- _____ ICS 200
- _____ ICS 700
- _____ Haz-Mat FRA/FRO

- _____ Ca. Paramedic Card
- _____ CPR Card
- _____ ACLS Card
- _____ PALS or PEPP Card
- _____ PHTLS, BTLS or ITLS Card
- _____ Driver's License
- _____ Ambulance License
- _____ Haz-Mat FRA/FRO
- _____ DMV Med. Exam. Cert.
- _____ Current DMV (3 Year Printout)
- _____ ICS 100
- _____ ICS 200
- _____ ICS 700

_____ Date _____
Applicants Signature

Print Name

For Employer use only

Date Application Received _____

KING-AMERICAN AMBULANCE
APPLICATION FOR EMPLOYMENT

Rev: 6-18-19

I authorize King-American Ambulance, or its agents, to investigate any and all statements and information contained in this application, attachments or from any employment interviews. This will include Department of Motor Vehicles check and a background check, including criminal. My signature below releases all records from past employers to be reviewed by King American Ambulance or it's agents and allows King American Ambulance or it's agents to have access to and review personnel files and medical records from past employers without limitation. My signature below also allows King American Ambulance to speak with any and all past employers and allows the past employers to freely give information to King American Ambulance.

_____ Date _____
Applicants Signature

Print Name