

[illegible]

PREVIOUS EMPLOYERS		
LIST ALL WORK EXPERIENCE, INCLUDING MILITARY. BEGINNING WITH YOUR PRESENT OR LAST POSITION		
Employer	Telephone Number	Status ☐ Full Time ☐ Part Time
Address		Employed From: _____ To: _____
Name and Title of Supervisor		Pay Start: _____ End: _____
Job Title and Dutie		Reason for Leaving
Employer	Telephone Number	Status ☐ Full Time ☐ Part Time
Address		Employed From: _____ To: _____
Name and Title of Supervisor		Pay Start: _____ End: _____
Job Title and Dutie		Reason for Leaving
Employer	Telephone Number	Status ☐ Full Time ☐ Part Time
Address		Employed From: _____ To: _____
Name and Title of Supervisor		Pay Start: _____ End: _____
Job Title and Dutie		Reason for Leaving
Employer	Telephone Number	Status ☐ Full Time ☐ Part Time
Address		Employed From: _____ To: _____
Name and Title of Supervisor		Pay Start: _____ End: _____
Job Title and Dutie		Reason for Leaving
May we contact your previous employers? ☐ Yes ☐ No		
This application is submitted with the understanding that upon acceptance of formal employment offer I will be required to complete Westmed Ambulance Service pre placement testing which will include a drug and alcohol screen. Positions that require operating a company vehicle must submit a current motor vehicle report (MVR) that is not more than 3 days old. MVR's will be reviewed to determine the individuals insurability based on Westmed's insurance carrier and company policy. Failure to be insurable may be cause for termination of employment. I authorize Westmed Ambulance Service to investigate all information provided on this application. Continued employment is contingent on Westmed verifying all the information presented on my application I understand that falsification of data so given may prevent me from being offered employment, or if hired will subject me to immediate termination for cause. In consideration of my employment, I agree to conform to Westmed Ambulance Services policies and procedures. I understand that no employee or representative or Westmed Ambulance Service other than a director has any authority to enter into any agreement for employment or to make any contrary to the information contained in this application. In absence of a written contract, I understand that my employment and compensation may be terminated with or without cause and without notice at any time at the option of Westmed Ambulance service or myself. I have read and understand the above. Sign _____ Date _____		