

Westmed Ambulance Service

e-mail to: nahalb@westmedambulance.com

14275 Wicks Blvd San Leandro, CA 94577 Phone: 510-614-1420 Fax 510-614-1429

APPLICATION FOR EMPLOYMENT

Thank you for your interest in Westmed Ambulance Service. If you need help filling out this application form or with any phase of the employment process, please notify the employee who gave you this form or any team member from Westmed Ambulance and every effort will be made to accommodate your needs in a reasonable amount of time.

Westmed Ambulance service is an equal opportunity employer and selects the best matched individual for the job based on job related qualifications.

This application is considered current for six (6) months. At the end of this period if you are still interested in employent it will be necessary for you to reapply by filling out a new application.

PERSONAL INFORM	MATION							
Last Name	First Name M.I.			M.I.	Date of Application			
Street Address							Phone Nu	ımber
City			State	Zi	p Code		Social Sec	curity #
Position Desired							Pay Desired	
Have you ever applied for employment with us before? Yes No If yes, when?————————————————————————————————————							Date Available for work	
Are you available for full time work? if not list availability							Veterans Status	
Are you legally eligible for employment in the United States?								
Have you ever been convicted of a felony? conviction will not necessarily bar you from employment consideration. If yes, give all date, places, charges and dispositions								
EDUCATION/TRAIN	IING							
School	Name and Location	on		Years Co	omplete	Graduati	on Date	Degree/Diploma
High School								
College								
Vocational/Other								
Vocational/Other								
SKILLS AND CERTIF	ICATIONS							
Please list any skills and certifications including: ICS, FEMA, Medical certifications/license, Hazmat or any other skills that may relate to the job for which you are applying for. You may exclude those that indicate race, creed, gender, marital status, age color, national origin religion, or disability.								

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 To:						
Name and Title of Supervisor		Pay Start: End:						
Job Title and Dutie		Reason for Leaving						
Employer	Telephone Number	Status						
Address		☐ Full Time ☐ Part Time Employed						
Name and Title of Supervisor	From: To:							
Job Title and Dutie	Start: End: Reason for Leaving							
Job Title and Dutie	Reason for Leaving							
Employer	Telephone Number	Status ☐ Full Time ☐ Part Time						
Address		Employed To:						
Name and Title of Supervisor		Pay Start: End:						
Job Title and Dutie		Reason for Leaving						
Employer	Telephone Number	Status						
Address		Full Time Part Time Employed						
Name and Title of Supervisor		From: To:						
Job Title and Dutie	Start: End: Reason for Leaving							
Job Title and Butte		reason for Leaving						
May we contact your previous employers?								
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							