

Westmed Ambulance Service E-mail to: nahalb@westmedambulance.com 14275 Wicks Blvd Phone: 510-614-1420

Fax 510-614-1429

14275 Wicks Blvd San Leandro, CA 94577

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.	Date of Application	
Street Address						<u>'</u>		Phone No	umber
City		State			Zip Code		Social Security #		
CA Driver's License # Expiration		Date	Position Desired					Pay Desired	
Have you ever applied for employment with us before? Yes No If yes, when?————Position Applied for?————								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									
		эроэннонэ							
EDUCATION/TRAIN		-			\\ C		Conducti	- Dete	Danna /Dinlama
School	Name and Location	n			Years C	omplete	Graduati	on Date	Degree/Diploma
High School									
College									
Vocational/Other									
Vocational/Other									
SKILLS AND CERTIF	ICATIONS						<u>'</u>		
									that may relate to the job for origin religion, or disability.

PREVIOUS EMPLOYERS						
LIST ALL WORK EXPERIENCE, INCLUDING MILITARY.	BEGINNING WITH YOUR PRESENT OR L	AST 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				
		Ü				
Employer	Telephone Number	Status				
Address		☐ Full Time ☐ Part Time Employed				
Address		From: To:				
Name and Title of Supervisor		Pay Start: End:				
Job Title and Dutie		Reason for Leaving				
Job Fide and Bade		neuson for Leaving				
Employer	Telephone Number	Status				
	·	☐ Full Time ☐ Part Time				
Address		Employed				
Name and Title of Supervisor		Pav				
Leb Tible and Dubie		Start: End:				
Job Title and Dutie		Reason for Leaving				
Employer	Telephone Number	Status				
Employer	relephone Number	☐ Full Time ☐ Part Time				
Address		Employed				
Name and Title of Supervisor		From: To:				
·		Stárt: End:				
Job Title and Dutie		Reason for Leaving				
May we contact your previous employers? Yes N	0					
This application is submitted with the understanding the Ambulance Service pre placement testing which will inclu		offer I will be required to complete Westmed				
Positions that require operating a company vehicle must	submit a current motor vehicle report (MVF	R) that is not more than 3 days old. MVR's will				
be reviewed to determine the individuals insurability bacause for termination of employment.	sed on Westmed's insurance carrier and co	mpany policy. Failure to be insurable may be				
I authorize Westmed Ambulance Service to investigate Westmed verifying all the information presented on my a		on. Continued employment is contingent on				
I understand that falsification of data so given may prever for cause.	nt me from being offered employment, or if h	ired will subject me to immediate termination				
In consideration of my employment, I agree to conform to	Wostmad Ambulanca Convince naticing and	procedures Lunderstand that as applicate an				
representation of my employment, ragree to comorn to representative or Westmed Ambulance Service other tha contrary to the information contained in this application.	n a director has any authority to enter into a	•				
In absence of a written contract, I understand that my em at any time at the option of Westmed Ambulance service		ated with or without cause and without notice				
I have read and understand the above.						
i nave reau and understand the above.						
Sign	Data					
Sign	Date					