

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

Fax 510-614-1429

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	ATION								
Last Name		First Name			M.I.	Date of Ap	oplication		
Street Address						Phone Nu	mber		
City			State	Zip Code		Social Security #			
Position Desired					Pay		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									
EDUCATION/TRAINI	NG								
School	Name and Location	า		Years Comple	te Graduati	on Date	Degree/Diploma		
High School									
College									
Vocational/Other									
Vocational/Other									
SKILLS AND CERTIFICATIONS									
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.	_	,				
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 Part Time				
Address		Employed				
Name and Title of Supervisor	Pay To:					
Job Title and Dutie	Start: End: Reason for Leaving					
Employer	Telephone Number	Status				
Address		☐ Full Time ☐ Part Time Employed				
Name and Title of Supervisor	From: To: Pay					
Job Title and Dutie		Start: End:				
May we contact your previous employers? ☐ Yes ☐ N	in					
This application is submitted with the understanding that		offer I will be required to complete Westmed				
Ambulance Service pre placement testing which will inclu		1) that is not more than 2 days and MAVDIa will				
Positions that require operating a company vehicle must be reviewed to determine the individuals insurability bacause for termination of employment.						
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 representative or Westmed Ambulance Service other that 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.	,					
To read and anderstand the above.						
Sign	Date					