



APPLICATION FOR EMPLOYMENT

Position Desired: _____ [] Part time [] Full time **Date:** _____

Name: _____
(Print) Last First Middle

Present Address: _____ How long have you lived there? _____
Street & Number City State Zip Yrs. Mo.

Telephone (____) _____ Cell Phone No (____) _____

E-Mail: _____

Previous Address: _____ How long did you lived there? _____
Street & Number City State Zip Yrs. Mo.

Have you ever worked for Medic-1 before? [] Yes [] No

Please give dates & position: _____

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor, felony or any type of moving violation? [] Yes [] No

If yes, please give the date(s) and details: _____

Have you been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? [] Yes [] No

If yes, please give the date(s) and details: _____

Note: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and marijuana-related offenses that occurred over two years ago in answering these questions).

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional page if necessary)

Employer: Present or Last		Telephone #:	
Address		City	State Zip
Start Date (mo/ yr)	Final date (mo/ yr)	Your Job Title & Position:	
Hourly Starting Rate:	Final Hourly Rate:	Name & Title of Last Supervisor:	
Exact Reason for Leaving:			

Employer: Present or Last		Telephone #:	
Address		City	State Zip
Start Date (mo/ yr)	Final date (mo/ yr)	Your Job Title & Position:	
Hourly Starting Rate:	Final Hourly Rate:	Name & Title of Last Supervisor:	
Exact Reason for Leaving:			

Employer: Present or Last		Telephone #:	
Address		City	State Zip
Start Date (mo/ yr)	Final date (mo/ yr)	Your Job Title & Position:	
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Employer: Present or Last		Telephone #:	
Address	City	State	Zip
Start Date (mo/ yr)	Final date (mo/ yr)	Your Job Title & Position:	
Hourly Starting Rate:	Final Hourly Rate:	Name & Title of Last Supervisor:	
Exact Reason for Leaving:			

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances:

Please fully explain any gaps in your employment history:

May we contact your current employer? Yes No If No, please explain:

Please indicate any actual experience; special training and qualifications that you have which you feel are relevant to the position for which you are applying.

Have you ever used another name? Yes No If yes, what name? _____

Is there any additional information relative to a name change, use of an assumed name, or nickname necessary to enable a check of your work and education record? If yes, please explain:

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

Do you have adequate transportation to and from work? Yes No

How many days of work have you missed in the last two years due to reasons other than paid holidays and vacation?

Year	Number of Days	Year	Number of Days
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EDUCATION

School Name	Years Completed (Circle)	Diploma/ Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College / University:	1 2 3 4			
Graduate / Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

PERSONAL REFERENCES

Please list persons who know you well – **Not** previous employers or relatives

Name	Occupation	Relation	Telephone Number	Number of Years Known

Field positions require you to lift a minimum of 170 lbs.

Is there any reason you might not be physically capable of performing this job? Yes No N/A

If yes, please explain: _____

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this company, I will comply with all rules and regulations of this company. I understand that the company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and drug test. I consent to the disclosure of the results of any physical examination and related tests to the company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I further understand that the company may obtain Public Records about me as part of an internal background investigation. I also understand all employees will be subject to TransUnion Peer Report Credit Check.

I further understand that the company may contact my previous employers. I authorize those employers to disclose to the company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the company, and release them from any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the company with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the company is found to be false or incomplete in any respect that my employment may be terminated.

I further agree and acknowledge that the company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the company and I agree that any claim, dispute, and/or controversy that either I may have against the company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or the company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the company shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the Federal Rules of Civil Procedure. Included within the scope of this agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation). Equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the Workers' Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of their agreement). In addition to any other requirements imposed by law. The arbitrator selected shall be retired federal or state trial judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading, all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, and judgment on the pleadings, shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitration may not invoke any basis (including but not limited to, motions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. **I understand and agree to this binding arbitration provision, and both I and the company give up our right to trial by jury of any claim I or the company may have against each other.**

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either the company (employer) or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the company and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the CEO of the company. No supervisor, Managing Director, or representative of the company, other than its CEO, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this agreement.

If any term or provision, or portion of this agreement is declared void or unenforceable it shall be severed and the remainder of this agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING. I HERBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THE SAME. I AGREE TO SEEK EMPLOYMENT UNDER THESE CONDITIONS. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature of Applicant

Date

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

Employment Application
Medic-1 Ambulance Service, Inc.

Revised: 02/2010

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