

APPLICATION FOR EMPLOYMENT

Mountain-Valley Emergency Medical Services Agency
1101 Standiford Ave., Suite D-1
Modesto, California 95350
(209) 529-5085

An Equal Opportunity Employer

INSTRUCTIONS:

- a. Please answer **ALL** questions
- b. Please **PRINT**; use ink or type.
- c. A **SEPARATE** application for **EACH POSITION** is required.

BRING OR MAIL THIS APPLICATION TO:

Mountain-Valley Emergency Medical Services Agency
 1101 Standiford Ave., Suite D-1
 Modesto, California 95350

<p>1.</p> <p style="text-align: center;">Date _____</p> <p>Name _____ (Last) (First) (Middle)</p> <p>Mailing Address: _____ (Street Address or P.O. Box)</p> <p>_____</p> <p style="text-align: center;">(City) (State) (Zip Code)</p> <p>Social Security Number _____</p>	<p>2.</p> <p>Position applied for _____</p> <p>Date you can start _____</p> <p>_____</p> <p>Are you employed now? _____</p> <p>If so, may we inquire of your present employer? _____</p> <hr/> <p>3.</p> <p>Home Phone _____</p> <p>Office Phone _____</p> <p>Message Phone _____</p>
<p>4.</p> <p>Ever applied to this agency before? _____</p> <p>Where _____ When _____</p>	<p>5.</p> <p>Do you possess a valid Calif. Driver's License?</p> <p style="text-align: center;">Yes _____ No _____</p> <p>Driver's License No. _____ Exp. _____</p>

6. Have you ever been convicted of any crime under your present, or any other name? Yes No

If yes, give name used, date, and disposition. Convictions do not necessarily disqualify you for employment consideration.
 (Do not include juvenile record or minor traffic offenses.)

<p>7. Do you have any physical or mental condition which would limit your ability to perform the job for which you are applying? Yes No</p>	<p>8. Will you accept temporary employment? Yes No</p>
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9. REFERENCES: Give below the names of three persons not related to you, whom you have known professionally at least one year.

NAME	ADDRESS	BUSINESS	TELEPHONE #	YEARS ACQUAINTED
1.				
2.				
3.				

PLEASE BE SURE YOUR APPLICATION IS COMPLETE

Provide all information requested. Do not refer to resume
 Supplemental Information may be attached.

Education

Name and Location of Last High School Attended _____ _____ _____	Circle Highest Grade Completed 9 10 11 12	Did you Graduate Yes___ No___	Do you have a High School Equivalency Certificate (GED)? Yes___ No___ Verified_____
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Name and Locations of Colleges or Universities Attended	Major Course of Study	Did you Graduate?	Dates Attended From To	Diplomas or Degrees Received	Number of Units Completed Quarter Semester

Name and Location of Other Schools Attended	Course of Training	Dates Attended From To	Hours Completed	Certificates

<p>Please list any valid certificates of professional or vocational competence or licenses.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">Type</td> <td style="width: 30%; text-align: center;">Number</td> <td style="width: 40%; text-align: center;">Exp.</td> </tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </table>	Type	Number	Exp.	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>List any relatives employed by the EMS Agency</p> <p>_____</p> <p>_____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Name</td> <td style="width: 50%; text-align: center;">Relationship</td> </tr> </table>	Name	Relationship
Type	Number	Exp.													
_____	_____	_____													
_____	_____	_____													
_____	_____	_____													
Name	Relationship														

Experience: Begin with your most recent experience and list ALL positions including military experience. You may summarize nonapplicable experience acquired more than 15 years ago, but ALL qualifying experience should be listed regardless of when acquired. Related non-paid experience may be included. If more space is needed, attach additional sheets.

From Mo. Yr.	To Mo. Yr.	Total Mo. Yr.		
			Your job title: _____ Last salary _____ Your duties: _____ _____ _____ Hours per week: _____	Employer's name, address _____ _____ _____ Phone number _____ Reason for leaving _____
			Your job title: _____ Last salary _____ Your duties: _____ _____ _____ Hours per week: _____	Employer's name, address _____ _____ _____ Phone number _____ Reason for leaving _____

From Mo. Yr.	To Mo. Yr.	Total Mo. Yr.		
			Your job title: _____ LastSalary _____ Your duties: _____ _____ _____ _____ Hours per week _____	Employer's name, address _____ _____ _____ _____ Phone number _____ Reason for leaving _____
			Your job title: _____ Last salary _____ Your duties: _____ _____ _____ _____ Hours per week: _____	Employer's name, address _____ _____ _____ _____ Phone number _____ Reason for leaving _____
			Your job title: _____ Last salary _____ Your duties: _____ _____ _____ _____ Hours per week: _____	Employer's name, address _____ _____ _____ _____ Phone number _____ Reason for leaving _____
			Your job title: _____ Last salary _____ Your duties: _____ _____ _____ _____ Hours per week: _____	Employer's name, address _____ _____ _____ _____ Phone number _____ Reason for leaving _____

CERTIFICATION OF APPLICATION. Read carefully before signing.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may result in denial for employment.

I hereby authorize representatives of the EMS Agency to contact (unless otherwise noted) organizations (including employers and schools) and individuals listed for the purpose of establishing or verifying my qualifications, work history, and work habits, such as attendance in connection with this application for employment. I understand and acknowledge that such information will be used confidentially and for the purposes of employment decisions only. It will not become part of my personal records once I am employed and will not be available for review by me.

Date _____

Signature of Applicant

ADDITIONAL COMMENTS: