

**KING-AMERICAN AMBULANCE**  
**APPLICATION FOR EMPLOYMENT**

King-American Ambulance is an equal opportunity employer. If you need any special accommodations to apply for or take any section of the King-American Ambulance testing process please contact the office at (415) 931-3000 Ext 132.

Incomplete or illegible applications will not be considered; resumes are not accepted in lieu of this application. If additional space is required, attach additional sheets as needed.

Position: (Paramedic \_\_\_\_\_) (EMT \_\_\_\_\_) (Dispatch \_\_\_\_\_) (Office \_\_\_\_\_)

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Mailing City State Zip

Phone #'s ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Bus. Other

So. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License # \_\_\_\_\_  
State / Exp. Date \_\_\_\_\_ / \_\_\_\_\_  
Class \_\_\_\_\_

**(EMT and Paramedic Positions; you must be 23 years of age or older)**

Are you at least 18 years of age? \_\_\_\_\_ (yes or no)

If not, can you furnish a work permit? \_\_\_\_\_ (yes or no)

Can you submit verification of your legal right to work in the United States after employment? \_\_\_\_\_ (yes or no)

Have you ever been discharged from employment or resigned to avoid being discharged? (yes or no; if yes please explain) \_\_\_\_\_

\_\_\_\_\_

Do you have any medical or office experience? (yes or no) \_\_\_\_\_

If yes please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Have you graduated from high school or do you have a G.E.D. \_\_\_\_\_ (yes or no)

Schools Attended: High School \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_  
College \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_  
Trade School \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_  
Other \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_

Professional Certificates or Licenses (other than what is listed on page 4)

Type \_\_\_\_\_ Lic./Cert # \_\_\_\_\_ Date Rec. \_\_\_\_\_ Exp. \_\_\_\_\_  
Type \_\_\_\_\_ Lic./Cert # \_\_\_\_\_ Date Rec. \_\_\_\_\_ Exp. \_\_\_\_\_  
Type \_\_\_\_\_ Lic./Cert # \_\_\_\_\_ Date Rec. \_\_\_\_\_ Exp. \_\_\_\_\_

Special/Technical training or school. (yes or no) \_\_\_\_\_

Type \_\_\_\_\_ Date Completed \_\_\_\_\_  
Type \_\_\_\_\_ Date Completed \_\_\_\_\_  
Type \_\_\_\_\_ Date Completed \_\_\_\_\_

Personal References (Do not include relatives or employers; list at least two)

Name \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Have you ever served as a member of the Armed Forces of the United States?  
(Yes or No)

Work Experience: (Begin with your present and most recent experience. You must account for all time during the past ten years. Attach additional sheets as needed.)

Employer \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Number Street City State Zip  
Your duties \_\_\_\_\_  
Supervisors name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Number Street City State Zip

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Reason for leaving \_\_\_\_\_

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Attach Resume if you have one.

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I certify that the statements and answers given in this application and all attachments are true and complete. I understand and agree that any misstatements, omissions or misleading information of material facts may cause forfeiture, on my part, of the position I am applying for.

I understand and agree to abide by all rules, regulations and policies of King-American Ambulance.

I understand and agree that I may be required to submit to a physical examination and/or drug testing as a condition of my employment.

**ATTACH COPIES OF THE FOLLOWING:**

EMT's

- \_\_\_\_\_ EMT Card
- \_\_\_\_\_ CPR Card
- \_\_\_\_\_ Driver's License
- \_\_\_\_\_ Ambulance License
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ DMV Med. Exam. Cert.
- \_\_\_\_\_ Current DMV (3 Year Printout)
- \_\_\_\_\_ ICS 100
- \_\_\_\_\_ ICS 200
- \_\_\_\_\_ ICS 700
- \_\_\_\_\_ Haz-Mat FRA/FRO
- \_\_\_\_\_ EVOC (not mandatory)

Paramedic's

- \_\_\_\_\_ Ca. Paramedic Card
- \_\_\_\_\_ CPR Card
- \_\_\_\_\_ ACLS Card
- \_\_\_\_\_ PALS or PEPP Card
- \_\_\_\_\_ PHTLS, BTLS or ITLS Card
- \_\_\_\_\_ Driver's License
- \_\_\_\_\_ Ambulance License
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ DMV Med. Exam. Cert.
- \_\_\_\_\_ Current DMV (3 Year Printout)
- \_\_\_\_\_ ICS 100
- \_\_\_\_\_ ICS 200
- \_\_\_\_\_ ICS 700
- \_\_\_\_\_ Haz-Mat FRA/FRO

\_\_\_\_\_ Date \_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Print Name

\*\*\*\*\*

For Employer use only

Date Application Received \_\_\_\_\_

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I authorize King-American Ambulance, or its agents, to investigate any and all statements and information contained in this application, attachments or from any employment interviews. This will include Department of Motor Vehicles check and a background check, including criminal. My signature below releases all records from past employers to be reviewed by King American Ambulance or it's agents and allows King American Ambulance or it's agents to have access to and review personnel files and medical records from past employers without limitation. My signature below also allows King American Ambulance to speak with any and all past employers and allows the past employers to freely give information to King American Ambulance.

\_\_\_\_\_ Date \_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Print Name