

General Instructions: Please type or neatly print the information on this application and submit your resume.

| | |
|---------------------------------|----------------------|
| Name: | Home Phone: |
| Address: | Work Phone: |
| City, State, Zip: | Cell Phone: |
| Years Lived at Current Address: | Best Contact Number: |
| SSN: | Email: |

EMPLOYMENT HISTORY

List your present or most recent employer first. Please list the past 5 years, including periods of unemployment.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------|
| Dates of Employment: | Job Title: | Employer: |
| Job Duties: | | |
| Last monthly salary: | | <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time |
| Reason for leaving: | | |
| Supervisor's name/title: | | Supervisor's phone: |
| May we contact your current/most recent employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, After Offer Only | | |
| Dates of Employment: | Job Title: | Employer: |
| Job Duties: | | |
| Last monthly salary: | | <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time |
| Reason for leaving: | | |
| Supervisor's name/title: | | Supervisor's phone: |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Dates of Employment: | Job Title: | Employer: |
| Job Duties: | | |
| Last monthly salary: | | <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time |
| Reason for leaving: | | |
| Supervisor's name/title: | | Supervisor's phone: |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

EDUCATION

List all education you have received. Include high school, business, technical, military, professional, college, and university.

| School Name | Major | Units | GPA | Degree |
|-------------|-------|-------|-----|--------|
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Training and Certifications

Include type of license or certificate, number, issuing state/organization, and expiration date.

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|-------------------------|
| Licenses, Certificates: |
|-------------------------|

Military Service

| | |
|-------------------|--|
| Branch | |
| Dates | |
| Rank | |
| Service Number | |
| Type of Discharge | |

DRIVING RECORD

Driver's License# _____

State: _____

Expiration: _____

DO YOU HAVE ANY POINTS AGAINST YOUR LICENSE?

Yes No

HAS YOUR DRIVING PRIVILEGE EVER BEEN SUSPENDED OR REVOKED IN ANY STATE?

Yes No

HAVE YOU EVER BEEN THE DRIVER IN AN MVA?

Yes No

HAVE YOU EVER BEEN ISSUED A SUMMONS OR TICKET FOR A MOTOR VEHICLE VIOLATION?

Yes No

GENERAL INFORMATION

| | |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| HAVE YOU EVER BEEN CONVICTED, FINED, PLACED ON PROBATION OR IMPRISONED FOR ANY CRIMINAL OFFENSE? IF YES, PLEASE EXPLAIN BELOW: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HAVE YOU EVER BEEN DISMISSED OR ASKED TO REGISN FROM ANY POSITION, PAID OR VOLUNTEER? IF YES, PLEASE EXPLAIN BELOW: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HAVE YOU EVER BEEN AN APPLICANT OR MEMBER OF AN EMERGENCY SERVICES AGENCY? IF YES, PLEASE EXPLAIN BELOW. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HAVE YOU EVER BEEN DENIED MEMBERSHIP OR EMPLOYEMENT IN AN EMERGENCY SERVICES AGENCY? IF YES, PLEASE EXPLAIN BELOW. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HAVE YOU EVER BEEN INVOLVED IN A DISCIPLINARY ACTION WITH ANY EMERGENCY SERVICES AGENCY? IF YES, PLEASE EXPLAIN BELOW. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| DEPARMENT OR SQUAD | PHONE | DATES | SUPERVISOR |
|--------------------|-------|-------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Explanation Space for the questions listed above in Section – General Information.

ABILITY TO PERFORM TASKS

Do you have any physicals conditions or impediments which might, in any way, hinder your ability to perform the tasks of an EMT? _____

If yes, please explain: _____

Have you had any recent or past operations/illnesses or other conditions which might in any way, hinder your ability to perform the tasks of an EMT? _____

If yes, please explain: _____

PERSONAL STATEMENTS

Why do you wish to work for Lodi EMS?

What do YOU expect to gain if you are hired?

What will Lodi EMS gain from having you as an employee?

OTHER INFORMATION

Please list any other information (certifications, area of expertise, etc.) that you feel is beneficial to your consideration for employment.

FURTHER ANSWERS

Please use this space to continue answering any questions in the previous sections of the application. You may add your own page if you needed.

EMERGENCY CONTACT

Person's to be contacted in the event of an accident or emergency:

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

Telephone: _____

Relationship: _____

PERSONAL REFERENCES

A REFERENCE SHOULD BE GIVEN TO EACH INDIVIDUAL LISTED BELOW. THESE PEOPLE SHOULD NOT BE RELATED TO YOU, OR AN LVAR'S OFFICER; BUT SHOULD BE ABLE TO COMMENT ON YOUR EDUCATION, WORK EXPERIENCE, COMMUNITY INVOLVEMENT, AND / OR CHARACTER.

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

Telephone: _____

Relationship: _____

AGREEMENT & RELEASE

I certify that all the information furnished on this application is true, complete, and correct. I understand that any falsification, misrepresentation or omission of fact, either on this application or during the pre-hire process, will be reason for my not being offered employment, or dismissal at any time from the service of the LVARS, if employed.

I understand that consideration for employment at the LVARS, is conditional upon a review of my qualifications, work history, references, etc.

I authorize the LVARS to request and obtain verification that the information given by me on this application is true, accurate and complete.

I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc.

I authorize the references listed, as well as all other individuals with my current and all previous employers to cooperate with the LVARS and to release, on a confidential basis, any information each previous employer may have concerning me, including information in my personnel record or otherwise known to each previous employer, to the LVARS, in connection with my application for employment with LVARS.

I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of providing/disclosing such information to the LVARS, INC.

I understand and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the LVARS, INC.

I agree to conform to the rules and regulations of the LVARS, as amended by the LVARS from time to time in its discretion.

I understand that I may take this application form with me to submit at a later time if I choose to do so. I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this certification/release, and I have knowingly and voluntarily signed below.

Signature

Date

