



EXETER DISTRICT AMBULANCE

302 E Palm St, Exeter, CA 93221

APPLICATION FOR EMPLOYMENT

All employees, regardless of position, are required to pass a Live Scan Background Check and a pre-employment Drug Screen.

Exeter District Ambulance is an equal opportunity employer and is committed to excellence through diversity. We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation or any other legally protected status.

Please print or type. This application must be fully completed to be considered. Please complete each section even if you attach a resume.

Personal Information

Name				
Address		City	State	Zip
Phone Number	Cell Number	Email Address		
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you authorized to work in the U.S. on an unrestricted basis? (You will be required to provide documentation) <input type="checkbox"/> Yes <input type="checkbox"/> No	If selected for employment, are you willing to submit to a pre-employment drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Position

Position you are applying for	Available Start Date	Desired Pay
Employment Type Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Seasonal		

References

Name	Title	Company	Phone

General

Have you ever applied for a position with Exeter District Ambulance before? If Yes, please give the date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by Exeter District Ambulance before? If Yes, please give the date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any friends or relatives who are currently employed by Exeter District Ambulance? If Yes, please provide their names and relationship to you:	<input type="checkbox"/> Yes <input type="checkbox"/> No
To your knowledge, are you related to any member of the District's Board, or the Tulare County Board of Supervisors? If Yes, please provide their names and relationship to you:	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Employment Experience

Begin with present or most recent job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employment	Dates Employed	Work Performed	
Employer:	From:		
Supervisor:	To:		
Address:		Telephone:	Job Title:
Reason for leaving:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment	Dates Employed	Work Performed	
Employer:	From:		
Supervisor:	To:		
Address:		Telephone:	Job Title:
Reason for leaving:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment	Dates Employed	Work Performed	
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Employment	Dates Employed	Work Performed	
Employer:	From:		
Supervisor:	To:		
Address:		Telephone:	Job Title:
Reason for leaving:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Statement

I certify that the information provided above is, to the best of my knowledge, true and complete. I authorize the employer to investigate any and all statements in this application as necessary to make an employment decision.

I hereby understand and acknowledge that employment with Exeter District Ambulance is of an "at will" nature, which means that the Employee or Employer may terminate the relationship at any time with or without cause.

In the event this application results in my employment at Exeter District Ambulance, I understand that any false or misleading information given in this application or in subsequent interview(s) may result in termination of employment.

Applicant's Signature

Date