



Application for Employment

Mailing Address
 LifeLine Medical Transport
 Human Resources
 632 East Thompson Blvd
 Ventura, CA 93001

Position Applied For	Date of Application
How Did You Hear About Us?	
<input type="radio"/> Advertisement	<input type="radio"/> Current Employee
<input type="radio"/> Relative	<input type="radio"/> School
<input type="radio"/> Internet	<input type="radio"/> Other

Last Name	First Name	Middle Initial			
Address	Number	Street	City	State	Zip
Primary Phone Number			Alternate Phone Number		
Email Address					

If you are under 18 years of age, are you able to provide required proof of your eligibility to work?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever worked under a different name? If so, what name?	<input type="radio"/> Yes <input type="radio"/> No

Have you ever been employed with us before? If yes, give date	<input type="radio"/> Yes <input type="radio"/> No

Do any of your friends or relatives (other than spouse) work for us?	<input type="radio"/> Yes <input type="radio"/> No

Are you currently employed?	<input type="radio"/> Yes <input type="radio"/> No
If yes, may we contact your present employer?	<input type="radio"/> Yes <input type="radio"/> No
Are you currently on "lay off" status and subject to recall?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever, because of poor performance or misconduct:	<input type="radio"/> Yes <input type="radio"/> No
1) Been fired from a job, let go, or had a work contract terminated?	
2) Quit a job after being informed that you were under suspicion of misconduct, poor performance, or after being informed you could receive disciplinary action?	
3) Been advised that you would be rejected, released, or not hired permanently after a trial period?	
<i>If the answer to any of the above three conditions is "Yes", state the name, address of the employer, date of the event, and circumstances of the event on a separate sheet of paper and submit this information with your application.</i>	

Education	
Are you a high school graduate, or have you passed a GED or High School Proficiency Test?	<input type="radio"/> Yes <input type="radio"/> No
If yes, either state name of high school you graduated from and year of graduation, or date of GED or High School Proficiency Test passage.	

Name of Institution	City and State	Major	Did you graduate or receive a degree or certification (if so, list type)

Professional Certifications and Licenses

Applicants for positions requiring certification/licensure as an Emergency Medical Technician or Emergency Medical Technician-Paramedic must have current certification in all required fields to be considered for a position.

A current copy of **all** relevant certifications must be included at the time of application submission for the application to be considered.

Certification Name	Currently Certified?	Expiration Date (Month/Year)
State of California EMT-P certification *	<input type="radio"/> Yes <input type="radio"/> No	
CPR / BLS Certification	<input type="radio"/> Yes <input type="radio"/> No	
Ventura County EMT or EMT-P Certification **	<input type="radio"/> Yes <input type="radio"/> No	
California DMV Ambulance Driver Permit	<input type="radio"/> Yes <input type="radio"/> No	
California DMV Medical Examiner's Certificate	<input type="radio"/> Yes <input type="radio"/> No	
California DMV Driver's License	<input type="radio"/> Yes <input type="radio"/> No	
ACLS Certification (Paramedic Only)	<input type="radio"/> Yes <input type="radio"/> No	
PALS Certification (Paramedic Only)	<input type="radio"/> Yes <input type="radio"/> No	
ICS-100 & 200 Certification Verification (Include Printout of Results)		
H-6 DMV Form		

* NREMT-B or NREMT-I certification is acceptable as EMT certification. NREMT-P certification is acceptable as EMT-P certification.

** May be obtained after hire, however, current possession of a valid permit/certification is highly desirable.

Military Experience

If military experience is to be used, a copy of a completed DD Form 214 must be attached.

Will you be applying under Veteran's Preference? <input type="radio"/> Yes <input type="radio"/> No	Last Rank and Title Held
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Describe any training received by the military relevant to the position applied.

Describe any specialized training, skills, and extra-curricular activities that you feel would help us consider you for the position.

Work Experience

This section must be completed even if attaching a resume. Beginning with your most recent job, list experience that you believe meets or exceeds the minimum requirements for the position applied. Attach additional sheets of paper to your application if more space is needed.

Employer		
Address		
Telephone Number	Dates Employed From :	To :
Job Title		
Name of Immediate Supervisor		
Job Description and Duties Performed		
Reason for Leaving		

Employer		
Address		
Telephone Number	Dates Employed From :	To :
Job Title		
Name of Immediate Supervisor		
Job Description and Duties Performed		
Reason for Leaving		

Employer		
Address		
Telephone Number	Dates Employed From :	To :
Job Title		
Name of Immediate Supervisor		
Job Description and Duties Performed		
Reason for Leaving		

References	
1. Name	Telephone Number
Address	
2. Name	Telephone Number
Address	
3. Name	Telephone Number
Address	

Additional Information
Summarize any special job-related skills and qualifications acquired from employment or other experience.

Application Statement and Signature	
<p>I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from employment if discovered after employment.</p> <ul style="list-style-type: none"> • I certify that all statements contained herein are true and complete whether made by me or others at my request. • I understand that if hired I must prove that I am legally authorized to work in the United States. • I authorize LifeLine Medical Transport to check employment references, check personal references, and verify education and certification information provided on this employment application and as disclosed in the interview process. • I authorize LifeLine Medical Transport to check my driving record if the position for which I am applying requires driving. • I hereby understand and acknowledge that, unless otherwise defined by law, any employment relationship with LifeLine Medical Transport is of an "at will" nature, which means that the employee may resign at any time and that LifeLine Medical Transport may discharge the employee at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of LifeLine Medical Transport or a representative specifically appointed by the President for this purpose. • I release LifeLine Medical Transport and all providers of information from any liability as a result of furnishing and receiving any information related to LifeLine Medical Transport's hiring process. <p>By typing your name into the bottom of this field and selecting, "Submit, " I agree to the conditions stated in this, "Application Statement and Signature" section.</p>	
<p>_____</p> <p style="text-align: center;">Signature of Applicant</p>	<p>_____</p> <p style="text-align: center;">Date</p>