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## NORCAL Ambulance Employment Application

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An Equal Opportunity Employer

**Please Print**

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

**Present Address**

\_\_\_\_\_ No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address (if different from present address)

\_\_\_\_\_ No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address

**Employment Desired**

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work? .....  Yes  No

Regular part-time work?.....  Yes  No

What days and hours are you available for work? Please be as specific as possible. ....

\_\_\_\_\_

Are you available for work on weekends? .....  Yes  No

Would you be available to work overtime, if necessary? .....  Yes  No

If hired, on what date can you start work? ..... \_\_\_\_\_

Salary desired: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for NORCAL Ambulance or its sister companies before?  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for NORCAL Ambulance?

Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

How did you find out about NORCAL Ambulance?

\_\_\_\_\_

Name of Person, Employment Ad, Web Search or other

Why are you applying for work at NORCAL Ambulance?

\_\_\_\_\_

\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? ...  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)..  Yes  No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

\_\_\_\_\_

\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed?.....  Yes  No

If so, may we contact your current employer? .....  Yes  No

**Education, Training, and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	_____ Name _____ City _____ State _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	_____ Name _____ City _____ State _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Vocational/ Business</b>	_____ Name _____ City _____ State _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Health Care Training</b>	_____ Name _____ City _____ State _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? .....  Yes  No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at NORCAL? .....  Yes  No

If so, please explain:

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Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? .....  Yes  No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended? .....  Yes  No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

\_\_\_\_\_  
Name of Employer Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip -

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? .....  Yes  No

\_\_\_\_\_  
Name of Employer Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip -

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? .....  Yes  No

**Employment History, continued**

\_\_\_\_\_  
Name of Employer Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip - \_\_\_\_

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

Reason for Leaving  
May we contact this employer for a reference? .....  Yes  No

\_\_\_\_\_  
Name of Employer Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip - \_\_\_\_

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

Reason for Leaving  
May we contact this employer for a reference? .....  Yes  No

\_\_\_\_\_  
Name of Employer Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip - \_\_\_\_

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

Reason for Leaving  
May we contact this employer for a reference? .....  Yes  No

**Note: Attach additional page(s) if necessary.**

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military? .....  Yes  No  
If so, describe:

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**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	(____) _____ - _____
First Name	Last Name	Telephone No.
_____	_____	_____
Address & Street	City	State Zip
_____	_____	_____
Occupation	No. of Years Acquainted	

_____	_____	(____) _____ - _____
First Name	Last Name	Telephone No.
_____	_____	_____
Address & Street	City	State Zip
_____	_____	_____
Occupation	No. of Years Acquainted	

_____	_____	(____) _____ - _____
First Name	Last Name	Telephone No.
_____	_____	_____
Address & Street	City	State Zip
_____	_____	_____
Occupation	No. of Years Acquainted	

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials I hereby authorize NORCAL to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature