



**Pistoresi Ambulance Service**

113 North R Street  
Madera, CA 93637  
Phone: 559-673-8004 Fax: 559-673-4699

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) E-mail Address: \_\_\_\_\_  
Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Cell Phone: ( )

Position Applied for: \_\_\_\_\_  
Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO   
Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_  
Have you ever been convicted of a felony? YES  NO   
If yes, explain: \_\_\_\_\_

**Education**

High School: Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_  
College: Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_  
Other: Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

---

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

---

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_



### Equal Opportunity Employer

Pistoresi Ambulance Service is an equal opportunity employer and encourages applications from qualified persons with disabilities. We maintain a philosophy in being fair and impartial in all relations with employees and applicants without regard to race, color, religious belief, sex, national ancestry, or marital status.

### Disclaimer and Signature

*Read Carefully before signing:*

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*I authorize all former employers, schools (professional and vocational) and persons listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this to you.*

*I agree to conform to the rules, regulations, policies and procedures of Pistoresi Ambulance and understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself.*

*I understand and confirm that this document embodies the entire agreement between the parties and supersedes any and all prior agreements. Any future modifications of the agreement must be made in writing and signed by the president of Pistoresi Ambulance.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_