



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: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Certification Credentials

Prior to employment you will be required to submit proof and/or copies of all required certifications, such as State and Local EMT/EMT-P cards, ACLS, California and Ambulance Driver's license, DOT physicals, Department of Motor Vehicles MVR, and others as needed. You need not submit copies of these if submitting application online. If an interview or appointment is arranged by phone, please bring above credentials/certifications.

After employment, can you submit a birth certificate or other proof of US Citizenship? Yes / No _____

Emergency Information

In case of an emergency, please notify:
 Name: _____
 Address: _____
 Phone: _____
 Relationship to you: _____

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: _____