

APPLICATION FOR EMPLOYMENT

CITY AMBULANCE OF EUREKA, INC. An Equal Opportunity Employer. Reasonable accommodation under the U.S. Americans with Disabilities Act, as amended, or California Fair Employment and Housing Act will be provided as required by applicable law.

Last Name	First Name	Middle Initial	Social Security Number:				
Street Address	City/State	Zip Code	Phone Number:				
If hired, can you provide evidence of legal eligibility to work in the U.S.?		Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.					
Position Desired:		Full Time	Part Time				
Email Address							
<input type="checkbox"/> Date you can begin work?	Answer Each for Insurance Eligibility Purposes Are you 18 years of age or older? _____ Are you 21 years of age or older? _____ Are you 25 years of age or older? _____		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by California or federal law.				
<p>Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged, or do you have such a case pending? _____ (Convictions are evaluated on a case-by-case basis for each position and are not automatically disqualifying. Attach additional sheets as necessary.)</p> <p>Have you ever been ever disciplined, terminated, or resigned because of sexual harassment in the workplace? _____ Please explain any Yes answers on additional sheets with dates and details.</p>							
Name of high school attended:	City & State	Graduate?	GED?				
Name of college or technical school:	City & State	Graduate?	Degree?	Major:			
Are you presently enrolled in school?	If yes, give name & location of school and expected degree date:						
List current certifications/licensures with expiration dates related to your desired position							
List any job-related skills or accomplishments, including military service:							
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:	Do you have any special requests or needs for a work schedule?						
Do you use chewing tobacco?	Do you smoke?						
- Provide Three References Who Are Not Former Employers Who We May Contact -							
Name and Occupation	How do you know them, and for how long?					Phone Number	

Your Employment History

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position?	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background and credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with City Ambulance of Eureka, Inc any employment relationship with the City Ambulance of Eureka, Inc will be "employment at will." This means that I may resign at any time and you, the Employer, may discharge me at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:	Date:
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How did you find out about us, and why do you have an interest in employment with our organization, specifically?

To be progressive as an organization, we need employees who will enhance our team. City Ambulance of Eureka, Inc dba. City Ambulance, City Cab, Humboldt Dial-A-Ride is looking for pro-active employees who care to improve our work environment. We expect all employees to be punctual, have a good work ethic, and a positive attitude. Beyond those basic functions of your job, what can you bring to our organization that will improve the work environment for everyone? Do not use the words: Team Player, Reliable, Punctual, Good Work Ethic, Fast Learner, Task Oriented or other resume language. Tell us what is different about you, and something unique you would be willing to share with the organization.

Please rate your computer level of computer literacy below:

_____ I can turn on a computer and do only the most basic functions

_____ I am somewhat proficient in navigating the internet, check my email daily, and am familiar with basic MS office products

_____ I use computers as part of my daily life and carry a smart phone where I receive email regularly

Paramedics and Communications Personnel; please provide a resume as well. Email a PDF copy of your resume to personnel@cityambulance.com. Use your full name and position desired in the subject line, and we will match it up to your application.