

6	Have you been cited for any moving violations in the last three years?		
7	Have you had any accidents in the last three years?		
8	Has your driver's license ever been suspended, revoked, denied or canceled?		
9	Do you possess a California ambulance drivers certificate ?		

Employment History: Complete information, including contact numbers, will assist in timely verification

Employer	Month/Year Employed	Position Title
Address	From:	Responsibilities
City, State Zip	To:	
Name of Supervisor Phone#	List Base Salary	Reason For Leaving
Employer	Month/Year Employed	Position Title
Address	From:	Responsibilities
City, State Zip	To:	
Name of Supervisor Phone#	List Base Salary	Reason For Leaving
Employer	Month/Year Employed	Position Title
Address	From:	Responsibilities
City, State Zip	To:	
Name of Supervisor Phone#	List Base Salary	Reason For Leaving

Professional / Work-Related References:

Name	Relationship	Daytime Phone	Evening Phone

EMT, EMT-P, RN, LVN, MICN, MICTN Must Complete The Following Section.

License Type	Certification Number	County	State	Expiration
EMT-1 / EMT-B				
EMT Paramedic				
BCLS/CPR				
First AID/CPR				
ACLS				
Other				
Other				

All applicants must complete the required information in questions 1 and 2: A conviction will not necessarily bar you from employment consideration.

1. Have you ever been convicted of a felony or misdemeanor or offense in any state? (Include any finding or plea of guilt, deferral, no contest or nolo contendere. Exclude minor traffic offenses) () Yes () No

If yes, give all dates, places, charges, and disposition. _____

2. Have you ever been convicted of a felony or misdemeanor by any court in California? () Yes () No
If you answered 'yes' to the question immediately above you may omit:

- Traffic violations for which a fine imposed was \$300.00 or less;
- Any conviction specified in health and safety code sections 11357, 11364, 11365, of 11550, which pertains to various marijuana offenses and which is more than two years old;
- Any conviction that has been sealed, expunged, or legally eradicated;
- Any offense which was finally settled in juvenile court or referred to the youth authority;
- Any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to penal code section 1203.4. To qualify for omission under penal code section 1203.4 an individual must have taken an affirmative action to file a petition with a court to have the conviction set aside and been successful in that action.

If yes, give all dates, places, charges, and disposition. _____

If You Answered Yes To Any Question 2-9 On Page 1 or 2, List Reply Below

Explorer - 1 is an equal opportunity employer and selects the best individuals for the job based upon job related qualifications, regardless of race, color, religion, sexual orientation, national origin, gender, age, veteran status, ancestry, marital status, or disability. Explorer - 1 will make a reasonable accomodation to known physical or mental limitations of a qualified applicant or employee with a disability, unless the accomodation will impose an undue hardship on the operation of our business.

Please Read Each Statement Carefully Before Signing.

I certify that all information provided in this employment application is true and correct. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.

I Understand that the employer may request an investigative consumer report agency, as well as a check of my criminal record. I understand that should this application or a criminal record check reveal a conviction of a crime, further processing of this application or my employment, if hired may be terminated.

I Understand that I will be required to possess a current valid California driver's license if my job requires me to drive in the course of my work.

I Authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements. I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claims against Explorer - 1 Ambulance & Medical Services, LLC and any outside agency utilized by Explorer - 1 as a result of any information that is obtained in this investigation.

This application is submitted with the understanding that upon acceptance of a formal employment offer, I will be required to successfully pass Explorer -1 pre-placement testing, which will include a drug and alcohol screen. I consent to the release of any and all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GURANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF THE COMPANY OR MYSELF.

Signature _____ Date _____

