

APPLICATION FOR EMPLOYMENT

COAST LIFE SUPPORT DISTRICT

POST OFFICE BOX 1056 - GUALALA, CALIFORNIA 95445



Please type or print neatly in ink. Fill out the application completely. Do not leave blank spaces. If a question does not apply, write "N/A" in the space. Clearly describe your qualifications in detail. Your answers to the questions will determine your eligibility to participate in the next phase of the selection process.

All information is subject to verification. Reference checks and/or background investigations may be required for successful candidates.

1. LAST NAME	FIRST NAME	MID. INITIAL	2. SOCIAL SECURITY NUMBER
3. MAILING ADDRESS			City, State, Zip
4. HOME PHONE _____ WORK PHONE _____ FAX (if any) _____ OTHER _____ EMAIL _____	5. INDICATE TYPE OF EMPLOYMENT YOU ARE WILLING TO ACCEPT : <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (Less than 11 shifts per month) <input type="checkbox"/> EITHER FULL OR PART TIME <input type="checkbox"/> BLS EMT		
6. DO YOU HAVE A VALID DRIVERS LICENSE? State _____ Class _____ No. _____	7. ARE YOU CONVERSATIONAL IN ANY LANGUAGES OTHER THAN ENGLISH? IF SO, WHICH LANGUAGES? _____		

Affirmative answers to questions 8-12 are not necessarily a bar to employment. Each case will be considered individually in relationship to the requirements of the position. Provide details of any "yes" answer in the space provided below.	YES	NO
8. Have you ever been placed on probation or has your drivers license been suspended or revoked within the last five years?		
9. Have you ever been convicted of driving under the influence of alcohol or controlled substances?		
10. Have you ever been convicted of a felony by any court?		
11. Have you ever been discharged, released during a probationary period or been requested to resign under unfavorable circumstances from any employment in the last five years?		
12. Please provide details to any "Yes" response		

EDUCATION

13. HIGH SCHOOL / LOCATION		14. DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		15. IF NOT, DO YOU HAVE A G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
16. COLLEGES / UNIVERSITIES / LOCATIONS		COURSE OF STUDY, MAJOR, UNITS COMPLETED, TYPE AND YEAR OF DEGREE			
17. BUSINESS, TRADE, U.S. MILITARY, CORRESPONDENCE SCHOOLS AND LOCATIONS					
18. PROFESSIONAL LICENSES, REGISTRATIONS, CERTIFICATES*		LICENSE NUMBER	COUNTY ISSUED	DATE EXPIRES	

*APPLICATIONS FOR EMT-1, AND EMT-P MAY LEAVE QUESTION 18 BLANK, BUT MUST COMPLETE SUPPLEMENTAL APPLICATION

EMPLOYMENT HISTORY

List all jobs you have had in the last ten years beginning with your most recent job. Also include any experience specifically related to the position for which you are applying. Include self-employment, volunteer and U.S. military service. Explain any gaps between employment periods. Describe the work you did as completely as possible. Incomplete descriptions may result in lower ratings. If you need more space, attach an additional sheet.

19. NAME OF BUSINESS		ADDRESS, CITY, STATE			
YOUR TITLE		SUPERVISORS NAME AND PHONE#		FINAL SALARY	
MO. / YR. TO MO. / YR.	HOURS PER WEEK	TOTAL MONTHS WORKED		REASON FOR LEAVING	
DUTIES					
LIST TWO REFERENCES AND THEIR PHONE NUMBERS					
20. NAME OF BUSINESS		ADDRESS, CITY, STATE			
YOUR TITLE		SUPERVISORS NAME AND PHONE#		FINAL SALARY	
MO. / YR. TO MO. / YR.	HOURS PER WEEK	TOTAL MONTHS WORKED		REASON FOR LEAVING	
DUTIES					
LIST TWO REFERENCES AND THEIR PHONE NUMBERS					

21. NAME OF BUSINESS		ADDRESS, CITY, STATE	
YOUR TITLE	SUPERVISORS NAME AND PHONE#	FINAL SALARY	
MO. / YR. TO MO. / YR.	HOURS PER WEEK	TOTAL MONTHS WORKED	REASON FOR LEAVING
DUTIES			
LIST TWO REFERENCES AND THEIR PHONE NUMBERS			
22. NAME OF BUSINESS		ADDRESS, CITY, STATE	
YOUR TITLE	SUPERVISORS NAME AND PHONE#	FINAL SALARY	
MO. / YR. TO MO. / YR.	HOURS PER WEEK	TOTAL MONTHS WORKED	REASON FOR LEAVING
DUTIES			
LIST TWO REFERENCES AND THEIR PHONE NUMBERS			
23. NAME OF BUSINESS		ADDRESS, CITY, STATE	
YOUR TITLE	SUPERVISORS NAME AND PHONE#	FINAL SALARY	
MO. / YR. TO MO. / YR.	HOURS PER WEEK	TOTAL MONTHS WORKED	REASON FOR LEAVING
DUTIES			
LIST TWO REFERENCES AND THEIR PHONE NUMBERS			

PRIVACY STATEMENT AND CERTIFICATION OF APPLICANT

(Read carefully before signing)

24. I understand that the information I provide on this form will be used to determine whether I meet the requirements of this position and may serve as the basis for an offer of hire. I also understand and agree that providing the requested information is voluntary and that omission or distortion of any item may result in my qualifications not receiving full consideration, may disqualify me from further participation in the selection process or may result in the termination of my employment. Further, I give my permission to contact any employers or references listed on this application.

SIGNATURE OF APPLICANT

DATE

SUPPLEMENTAL APPLICATION

To be completed by applicants for EMT-1 and EMT-P positions only.

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1. LAST NAME	FIRST NAME	MID. INITIAL
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FOR EMT-1 ONLY

2. When and where were you first certified as an EMT-1? Agency or School / Location		Date of 1st Certification	3. Do you have current CPR Certification? <input type="checkbox"/> YES <input type="checkbox"/> NO
Currently certified in what County?	Certification number	Current Certification Expiration Date	
I do list any advanced skills certifications (such as ITLS, EMT-ALS, etc.)		Date certificate first received	Date Expires

FOR EMT-PARAMEDIC ONLY

2. When and where were you first certified as an EMT-Paramedic? Agency or School / Location		Date of 1st Certification	3. Do you have current CPR Certification? <input type="checkbox"/> YES <input type="checkbox"/> NO
Currently certified in what County?	Certification number	Current Certification Expiration Date	
4. List any advanced skills certifications (such as ACLS, PALS, etc.)		Date certificate first received	Date Expires

5. FOR ALL APPLICANTS: List any related skill, experience and/or certifications that you have that you may feel may be useful in working on the CLSD ambulance. For example: cliff rescue skills, experience and/or credentials as an instructor in EMS, etc.