

OFFICE USE ONLY
EFFECTIVE DATE OF EMPLOYMENT: _____
DATE OF EMPLOYMENT TERMINATION: _____

OnSite Medical Service, Inc.
CPR, First Aid, EMT Training
&
Emergency Medical Service
Event Stand-By
Ph. 916.932.2323
Fax: 530.756.2524



OnSite Medical Service Employment Application

Last Name: _____ First Name: _____ DOB: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security #: _____

Drivers License #: _____ Do you have a car? Yes / No Shirt Size: _____

Position Applied For: _____

Level of Certification: _____ NREG Cert. #: _____ Exp Date: _____

Sierra-Sacramento Valley/County EMT-B Cert #: _____ Exp Date: _____

Ambulance Drivers Certification # (not required): _____ Exp Date: _____

Are you a citizen of the United States, or a legal permanent resident? Yes / No

Are you a veteran? Yes / no Length of Duty? _____ What Branch of Service? _____

Occupation in the Military? _____ Rank at time of separation? _____

Date of Separation? _____ Did you receive an honorable discharge? _____

EDUCATION:

High School: _____ Graduate? Yes / no / GED

Business Trade School: _____ Graduate? Yes / no / Attending

College/ University: _____ Graduate? Yes / no / Attending

PREVIOUS EMPLOYMENT (MUST include all work experience for the previous 5 years:

(Begin with current or most recent employer)

Company: _____ Phone #: _____

Address: _____

Nature of Business: _____

Supervisor: _____ Position Held: _____

Dates of Employment: _____ Ending Wage: _____ Reason for Leaving: _____

Company: _____ Phone #: _____

Address: _____

Nature of Business: _____

Supervisor: _____ Position Held: _____

Dates of Employment: _____ Ending Wage: _____ Reason for Leaving: _____

Company: _____ Phone #: _____

Address: _____

Nature of Business: _____

Supervisor: _____ Position Held: _____

Dates of Employment: _____ Ending Wage: _____ Reason for Leaving: _____

Company: _____ Phone #: _____

Address: _____

Nature of Business: _____

Supervisor: _____ Position Held: _____

Dates of Employment: _____ Ending Wage: _____ Reason for Leaving: _____

REFERENCES: (Please provide the name and phone number of two people to whom you are not related or have not been employed by)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

How were you referred to us? _____

Under penalty of perjury, I affirm by signing here that all of the information provided above is true to my knowledge.

Signature: _____ **Date:** _____

By signing below, I acknowledge that I have read the California Code of Regulations Title 13 section 1100.8 and declare under penalty of perjury, that I am not subject to the applicable attendant or driver prohibitions contained in sections 1101(b) of this title.

Signature: _____ **Date:** _____