



ROYAL AMBULANCE
14676 Doolittle Drive, San Leandro, California 94577
510.568.6161 Phone 510.568.6160 Fax

EMPLOYMENT PACKET

Thank you for your interest in Royal Ambulance, Inc. This packet contains 8 pages, consisting of the following documents:

- Application For Employment
- Pre-employment Inquiry Release
- Consent And Release For Pre-employment Testing
- Applicant Checklist
- Referral Source Sheet

To be considered for employment as an EMT you **MUST BE 21 years** of age and complete and sign all forms in this packet and return them in person, by mail or via fax to Royal Ambulance, Inc., or email to careers@royalambulance.com. Also, please include copies of:

- California EMT-B/EMT-I Certification
- BCLS Healthcare Provider CPR Certification
- Valid Driver's License
- Ambulance Driver's License
- Medical Examiner's Card
- DMV **3-Year** Driving Record
- Certificate of Achievement in ICS-100 and ICS-700 from FEMA.gov

Once we receive your completed application packet, if you are selected, you will be contacted for an interview.

Sincerely,



Royal Ambulance, Inc
Human Resources Department



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EMPLOYMENT APPLICATION

To be considered for employment, you must complete and sign the following application and must be **MUST BE 21 YEARS** of age (due to insurance limitations) for employment as an EMT.

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.: - - Desired Salary: \$. /Hour

Position Applied for: _____ FT PT

- | | | | | | |
|---|---------------------------------|--------------------------------|---|---------------------------------|--------------------------------|
| Are you a citizen of the United States? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| Have you ever worked for this company? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | If so, when? _____ | | |
| Have you ever applied for this company? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | If so, when? _____ | | |
| Have you ever been convicted of a felony? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | An admission of YES will not necessarily exclude you from consideration | | |

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: _____

Certification Level

<p>EMT-B / EMT-I Work Experience (Please Circle One)</p> <p>New Grad 6 Mo 1Yr 2 Yr 3-5 Yr 5-10 Yr >10 Yr</p>	<p>EMT-P / EMT-III Work Experience (Please Circle One)</p> <p>New Grad 6 Mo 1Yr 2 Yr 3-5 Yr 5-10 Yr >10 Yr</p>
<p>RN / MICN Work Experience (Please Circle One)</p> <p>New Grad 6 Mo 1Yr 2 Yr 3-5 Yr 5-10 Yr >10 Yr</p>	<p>EMD / DISPATCHER Work Experience (Please Circle One)</p> <p>New Grad 6 Mo 1Yr 2 Yr 3-5 Yr 5-10 Yr >10 Yr</p>



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References

Please list three **PROFESSIONAL** references of whom you have known greater than one year.

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () - _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () - _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () - _____

Address: _____

Previous Employment

Are you currently employed? YES NO

Company: _____ **Phone:** () - _____

Address: _____ **Supervisor:** _____

Job Title: _____ **Starting Salary:** \$. /Hour **Ending Salary:** \$. /Hour

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:** \$. /Hour **Ending Salary:** \$. /Hour

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

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



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Company: _____ Phone: () - _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$. /Hour Ending Salary: \$. /Hour

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: \$. /Hour Ending Salary: \$. /Hour

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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 investigation of all statements herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release Royal Ambulance, Inc. from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the Director of Operations and President.

Royal Ambulance, Inc. is an Equal Opportunity Employer and welcomes applications from all qualified applicants. Royal Ambulance, Inc. does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, sexual orientation, medical condition or disability.

Signature: _____ Date: _____



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PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment with Royal Ambulance, Inc., I understand that inquiries will be made concerning my employment, driving record, credit history, criminal records, and all other related matters. Accordingly, I hereby authorize all former employers and all other public and private agencies and companies to release any and all information maintained by any such employer, concern, agency or entity concerning my personal history.

I understand if employment with Royal Ambulance, Inc. is denied wholly or partly because of information contained in a consumer report obtained from a consumer reporting (or similar) agency, that I will be entitled to receive from Royal Ambulance, Inc. only the name and address of the consumer reporting agency or agencies from which the report was obtained.

In consideration of Royal Ambulance, Inc. acceptance and consideration of my employment application, I hereby, and by these presents do for my heirs, agents, executors, administrators and assigns, release and forever discharge Royal Ambulance, Inc., and affiliated entities from all claims, demands, damages, actions, and causes of action pertaining to or arising out of Royal Ambulance, Inc. consideration of my application for employment and use of all information obtained in the course or as a result of all inquiries made into my personal, history, and release and forever discharge all former employers from all liability arising out of disclosure to Royal Ambulance, Inc. of information pertaining to my personal history

Full Name: _____
Last First M.I.

Current Address: _____
Street City, State Zip Code

SSN: _____
- -

Signature: _____ Date: _____



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CONSENT AND RELEASE FOR PRE-EMPLOYMENT TESTING

Notice To Applicants

Royal Ambulance, Inc. is concerned with the safety, health and well being of all its employees, as well as the quality and integrity of its products and/or services. The use or misuse of alcohol, drugs, narcotics and/or controlled substances is inconsistent with these concerns and therefore we require applicants to undergo a pre-employment physical that includes testing for excessive alcohol, drugs and illegal substances. Positive test results will cause rejection of the applicant, unless there are extenuating circumstances, e.g. a physician as part of an approved treatment program legally prescribes medication causing the positive result. We therefore request that you complete and sign this Consent and Release Form.

Pre-employment Testing

I, _____, do hereby consent to undergo a pre-employment physical examination, including a drug/alcohol test, as part of my application for employment at Royal Ambulance, Inc. I understand that further consideration of my application will depend upon the results of that physical examination as related to my current ability to perform the job for which I am applying. A current Medical Examiner's card will be suitable in lieu of an examination.

Further, I authorize the hospital, clinic and/or testing facility to release to Royal Ambulance, Inc. the results of such examination and testing and I release Royal Ambulance, Inc., its practitioners, medical personnel, and the testing facility from any and all liability arising from the release or use of this information.

Drug/Alcohol Testing

I, _____, hereby acknowledge that, as a condition and in consideration of my potential and continuing employment with Royal Ambulance, Inc., I may be required to undergo testing and/or examination for drugs or alcohol. I consent to the conduct of such tests and/or examination as may be required to assure the safety and well-being of all employees, as well as my compliance with Royal Ambulance, Inc.'s drug and alcohol abuse program, I authorize the complete release of test results by any testing facility to Royal Ambulance Inc. and release Royal Ambulance, Inc., any practitioner, medical personnel, and/or testing facility from any and all liability arising from the release or use of this information. Further, I recognize that any failure to cooperate and/or undergo testing and/or examination upon request will constitute grounds for my immediate dismissal.

Signature: _____ Date: _____



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APPLICANT CHECKLIST

In order to process your application for the position of **EMT**, your completed, signed application and form, ***must be returned with a photocopy*** of each of the following items:

Failure to return all items listed below and all forms in the application packet will result in your application being incomplete.

PLEASE RETURN THIS CHECKLIST WITH THE REQUESTED INFORMATION.

- Copy of your current CPR card (**front and back**)
- Copy of your current California Drivers License (**CDL**)
- Copy of your Social Security Card
- Copy of your current California Ambulance Driver Certificate (**ADL**)
- Copy of your current Medical Examiner's (**ME**) card (**front and back**)
- Copy of your current California EMT-B certification (**front and back if applicable**)
- 3 Year Driving Record – Must be obtained from DMV and NOT more than 3 wks old.
- Pre-Employment inquiry release
- Consent and Release for Pre-Employment testing
- Applicant referral source sheet
- Certificate of Achievement in ICS-100 and ICS-700 from FEMA.gov
- Completed Application

Failure to include copies of all items listed above will result in your application being incomplete. Upon completion of your application packet, include the Application Checklist and either Mail, Email or Fax packet to:

ROYAL AMBULANCE, INC.

Human Resources
14676 Doolittle Drive
San Leandro, CA 94577

Fax: 510-568-6160
Attention: Human Resources

Email: careers@royalambulance.com



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APPLICANT REFERRAL SOURCE

Position Applying For: _____

How did you first hear about this position? _____

Referred by:

Name of Person: _____

Advertisement: _____

Job Posting Site: _____