

**MT SHASTA AMBULANCE SERVICE INC.**

PO BOX 1030, MT SHASTA, CA 96067

FAX 530-926-5001

PHONE 530-926-2665

I understand that this is not an Employment Application. This inquiry will however be reviewed, and my qualifications considered for possible job openings in the near future. If this company finds my qualifications and employment background match a current opening I will be contacted to complete an Application for Employment

***MOUNT SHASTA AMBULANCE  
EMPLOYMENT INQUIRY***

Name (last) (first) (middle)			Today's Date
Address			
City	State	Zip	Phone Number(s)
Position Sought			Days Available?

**EMPLOYMENT EXPERIENCE:**

Present or most recent position	Dates Employed	Wages	Reason for leaving
Describe your primary duties			
Prior position	Dates Employed	Wages	Reason for leaving
Describe your primary duties			

Further employment experience may be attached and/or added to back

**EDUCATION:**

Check the number of years completed High School    Undergrad College    Graduate College <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table>	1	2	3	4	1	2	3	4	1	2	3	4	Describe courses of major concentration:
1	2	3	4	1	2	3	4	1	2	3	4		
List any professional, technical or other training relative to the type of employment sought:													

All individuals considered for employment are evaluated without the regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related disability or any other legally protected status.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

***Applicant check off list:***

Certificate	Applicant check off	Supervisor Initial
STATE EMT Certificate (preferably ssv)		
CA Driver Lic		
CA Ambulance Driver Lic.		
Medical Card		
CPR Card		
Negative TB test within 1 year		
ICS 100		
Haz Mat 1 <sup>st</sup> responder		
I-9 Employment Eligibility Verification		
S-130 (optional)*		
S-190 (optional)*		
<b><u>PARAMEDICS PLEASE ALSO ATTACH THE FOLLOWING</u></b>		
SSV Accreditation card		
ACLS Card		
Last ALS Skills proficiency test		
ITLS or PHTLS card (optional)		
PALS or PEPP card (optional)		
AMLS card (optional)		

\* = To be eligible to work at fire camp

**PLEASE PROVIDE COPIES OF ALL CERTIFICATIONS**