



Riggs Ambulance Service, Inc.

# EMPLOYMENT APPLICATION

**PLEASE TYPE OR PRINT LEGIBLY**  
Applications not filled out completely will be rejected.

TITLE OF JOB FOR WHICH YOU ARE APPLYING		DEPARTMENT	
Note: Applications for "Any Job" will not be considered You must complete an application for each position you wish to apply for.			
<b>GENERAL INFORMATION</b>			
FULL NAME (PLEASE PRINT)	LAST	FIRST	MIDDLE
RESIDENCE ADDRESS		STREET	CITY
STATE		ZIP	
MAILING ADDRESS	STREET	CITY	STATE
<input type="checkbox"/> SAME	STATE		ZIP
PRIOR MAILING ADDRESS	STREET	CITY	STATE
HOME TELEPHONE NO. (INCLUDE AREA CODE)		CELL PHONE NO. (INCLUDE AREA CODE)	
EMAIL ADDRESS:		ALTERNATE EMAIL ADDRESS:	
In accordance with the Immigration Reform and Control Act of 1986, all offers of employment are conditioned upon proof of the applicant's identity and legal ability to work in the United States.		ARE YOU A UNITED STATES CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHEN ARE YOU ABLE TO WORK? (CHECK ALL THAT APPLY) <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> EVENINGS <input type="checkbox"/> WEEKENDS			
WILL YOU WORK FULL TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU WORK PER DIEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF EMPLOYED, ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?		DO YOU SPEAK ANY OTHER LANGUAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO LIST:	
DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY RIGGS AMBULANCE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE DEPARTMENT, AND NAME(S) OF RELATIVE(S):			
Unless otherwise required by law, the minimum age for employment is eighteen (18) years. An offer of employment, if made will be subject to verification that the applicant's age meets legal requirements. If necessary, can you furnish proof of age? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HOW WERE YOU REFERRED? <input type="checkbox"/> WALK-IN <input type="checkbox"/> LOCAL NEWSPAPER <input type="checkbox"/> JOB FAIR (SPECIFY BELOW) <input type="checkbox"/> EMPLOYEE REFERRAL <input type="checkbox"/> SCHOOL (SPECIFY BELOW) <input type="checkbox"/> OUT OF TOWN NEWSPAPER (SPECIFY BELOW) <input type="checkbox"/> TRADE JOURNAL(SPECIFY BELOW) <input type="checkbox"/> PRIVATE EMPLOYMENT AGENCY <input type="checkbox"/> PUBLIC EMPLOYMENT AGENCY <input type="checkbox"/> LOCAL HOSPITAL (SPECIFY BELOW) <input type="checkbox"/> OTHER (SPECIFY BELOW)			
HAVE YOU APPLIED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN: _____			
WERE YOU EVER EMPLOYED HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN: _____			
Have you ever been convicted or found guilty by any court of any felony offense or any gross misdemeanor or simple misdemeanor offense other than a minor traffic offense? (Driving a vehicle while intoxicated or under the influence of alcohol or drugs, or reckless driving, are <b>NOT</b> considered to be "minor traffic offenses.")		<input type="checkbox"/> YES <input type="checkbox"/> NO (Convictions is not necessarily a bar to employment.)	
IF YES, PLEASE PROVIDE ALL DATES, LOCATIONS, AND NATURE OF ANY CONVICTIONS ON SEPARATE PAPER.			
Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our company? <input type="checkbox"/> YES <input type="checkbox"/> NO Explain: _____			

### EDUCATION

NAME OF SCHOOL ATTENDED	LOCATION	DATES ATTENDED	GRADUATED	TYPE OF COURSE, MAJOR	DIPLOMA, MAJOR
LAST HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE OR UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE OR UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO		
TECH. OR VOCATIONAL SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		

OTHER TRAINING, APPRENTICESHIP, SPECIAL SKILLS, ADDITIONAL CERTIFICATES

### PROFESSIONAL LICENSES, CERTIFICATIONS, REGISTRATIONS – COMPLETE THIS SECTION IF APPLICABLE

ARE YOU CURRENTLY:     LICENSED     CERTIFIED     REGISTERED     NATIONALLY REGISTERED

ARE YOU ELIGIBLE FOR:     LICENSURE     CERTIFICATION     REGISTRATION

TYPE	NUMBER	STATE OF ISSUE	EXPIRATION DATE

### OFFICE SKILLS

CHECK ALL THAT APPLY:     TYPING \_\_\_ WPM     SHORTHAND \_\_\_ WPM     WORD PROCESSING \_\_\_ WPM  
 DICTAPHONE PROFICIENCY (SPECIFY BELOW)     COMPUTER PROFICIENCY (SPECIFY BELOW)  
 OFFICE OR SHOP MACHINES OPERATED PROFICIENCY (SPECIFY BELOW)

OTHER QUALIFICATIONS:

CHECK COMPUTER PROGRAMS YOU ARE FAMILIAR WITH:     WORD     WORD PERFECT     EXCEL     LOTUS  
 POWER POINT     MICROSOFT ACCESS

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM ANY PREVIOUS EMPLOYMENT?     YES     NO

IF "YES," PLEASE EXPLAIN:

ARE YOU NOW WORKING MORE THAN ONE JOB?     YES     NO

IF "YES," PLEASE EXPLAIN:

DO YOU HAVE A VALID DRIVER'S LICENSE?     YES     NO    STATE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED?     YES     NO

IF "YES," PLEASE EXPLAIN:

**LIST NAMES OF EMPLOYERS IN CONSECUTIVE ORDER WITH PRESENT OR LAST EMPLOYER LISTED FIRST. ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY SERVICE AND ANY PERIODS OF UNEMPLOYMENT. IF SELF-EMPLOYED, GIVE FIRM NAME AND SUPPLY BUSINESS REFERENCES.**

FROM:	EMPLOYER'S NAME:	HOURS PER WEEK:
TO:	ADDRESS:	SALARY:
LAST NAME WHILE EMPLOYED:	CITY & STATE: ZIP:	
	SUPERVISOR: PHONE	
	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:	

JOB TITLE:  
DESCRIBE DUTIES:  
REASON FOR LEAVING:

FROM:	EMPLOYER'S NAME:	HOURS PER WEEK:
TO:	ADDRESS:	SALARY:
LAST NAME WHILE EMPLOYED:	CITY & STATE: ZIP:	
	SUPERVISOR: PHONE	
	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:	

JOB TITLE:  
DESCRIBE DUTIES:  
REASON FOR LEAVING:

FROM:	EMPLOYER'S NAME:	HOURS PER WEEK:
TO:	ADDRESS:	SALARY:
LAST NAME WHILE EMPLOYED:	CITY & STATE: ZIP:	
	SUPERVISOR: PHONE	
	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:	

JOB TITLE:  
DESCRIBE DUTIES:  
REASON FOR LEAVING:

FROM:	EMPLOYER'S NAME:	HOURS PER WEEK:
TO:	ADDRESS:	SALARY:
LAST NAME WHILE EMPLOYED:	CITY & STATE: ZIP:	
	SUPERVISOR: PHONE	
	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:	

JOB TITLE:  
DESCRIBE DUTIES:  
REASON FOR LEAVING:

**Explain any gaps in your employment, other than those due to personal illness, injury or disability.**

**In not addressed on previous page, have you ever been fired or asked to resign from a job?**  YES  NO IF YES, EXPLAIN:

**MILITARY SERVICE**

From:	Branch of Service:	Job Title
To:	Rank on Separation:	Reason For Leaving:
Last Name While in Service:		
Describe Duties:		

**PLEASE ATTACH A RESUME IN ADDITION TO ABOVE INFORMATION**

PROFESSIONAL REFERENCES		
Name and Occupation	Address	Phone Number

**APPLICATIONS WILL BE KEPT UNDER ACTIVE CONSIDERATION FOR SIX MONTHS.  
IMPORTANT!**

**PLEASE READ CAREFULLY BEFORE SIGNING.  
IF YOU DO NOT UNDERSTAND ANY OF THE FOLLOWING, PLEASE ASK FOR ASSISTANCE.**

***Any applicant will be immediately rejected for employment or, if hired, dismissed without notice for giving false information in this application or failing to accurately provide information requested.***

- I have truthfully disclosed all information requested in this application.
  - I understand that it is the policy of the Company that all employees are employed at the will of both the employee and the Company. This means the employee may quit at any time, for any reason or no reason, with or without notice. Similarly, the Company may terminate employment at any time, for any reason, or no reason, with or without notice. There is no contractual promise or legal requirement by either the employee or the Company that employment will be for any set period. Nor is there any contractual promise or legal requirement that employment will be terminated only under particular circumstances, under a particular procedure, or with a particular type of notice. Any exception to this policy of employment-at-will may only be made in writing signed by the President of the Company. This policy is not modified by any statements, express or implied, contained in any employment handbook, application, memoranda, policy, manual or procedures, or any other materials provided to applicants or employees in connection with their employment. Nor is this policy modified by any oral statements or conduct, expressed or implied. This policy supersedes any and all written, oral, or implied representations that are in any way inconsistent with it.
  - I understand that it is also the policy of the Company to provide equal opportunity and equal treatment for all employees and applicants, regardless of race, religion, color, sex, age, national origin, disability, veteran status, or any other basis prohibited by law. This policy applies to all terms, conditions, and privileges of employment including, but not limited to, recruitment and hiring, opportunities for advancement, participation in training programs, wages, salaries or benefits. We strongly encourage qualified individuals to apply for any available position with the Company. An effective equal opportunity in employment program cannot be achieved without the support of employees at all levels. Any employee who believes he/she may be a victim of prohibited discrimination must report the allegation of discrimination to his/her immediate manager or supervisor.
  - I understand that the Company is dedicated to providing all employees with a safe and healthful work environment that is free of illegal drugs and alcohol. Therefore, as part of the Company's employment procedures, I hereby consent to undergo a post-offer, pre-employment drug and/or alcohol screening conducted by a physician designated by the Company. I understand that applicants must successfully pass such screening to become an employee of the Company.
  - I authorize contact with any person or entity named in this application and any other person or entity who may have knowledge concerning my past; and I authorize all those who are acquainted with me, including, but not limited to previous employers, references, and law enforcement agencies asked to provide a record of criminal history in accordance with State law, to furnish any and all information they may have concerning me which may be material to my qualifications for the job for which I have applied.
  - I hereby fully release my prospective employer, its agents and any person or entity that provides or receives information pursuant to this application from any and all liability and any damage which may arise there from.
  - I understand that it is also the policy of the Company to not tolerate any form of illegal sexual harassment in the workplace by anyone. Sexual harassment includes, but may not necessarily be limited to, the conduct described in the EEOC's guidelines. These guidelines state that unwanted sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature may be considered sexual harassment when:
    - submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
    - submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
    - such conduct has the purpose or effect of unreasonably interfering with the individual's work performance or creating an intimidating, hostile or offensive working environment.
  - The Company absolutely prohibits illegal sexual harassment during work, during business involving the Company, or while on Company property by any employee (including supervisors and managers) or by any non-employee (including customers, visitors and independent contractors). An effective anti-sexual harassment policy cannot be achieved without the support of employees at all levels. Any employee who believes he/she has been subjected to sexual harassment by anyone is encouraged to promptly tell the person that the conduct is unwelcome and ask the person to stop the conduct. A person who receives such a request must immediately comply with it and must not retaliate against the employee for rejecting the conduct. Complaints of sexual harassment should be brought to the attention of the complaining employee's immediate manager or supervisor or the President of RAS. If the employee feels uncomfortable about discussing the complaint with any of the above officials, the employee should take the complaint to any other manager or supervisor.
- I understand that it is also the policy of the Company to ensure that patient information and Company information shall be and is considered confidential. All employees have an obligation to respect and protect the confidentiality of such information. This obligation by all employees continues even after termination of employment.

**I have read and understand all the provisions of this application for employment**

DATE: \_\_\_\_\_ Signature: \_\_\_\_\_



**Riggs Ambulance Service, inc.**  
 100 Riggs Avenue, Merced, CA 95340  
 (209)725-7000 – Fax (209)725-7044

# DRIVING EXPERIENCE

**DRIVING EXPERIENCE** (for field employees/runner/supply personnel only)

---

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

SPECIAL LICENSES (SPECIFY): \_\_\_\_\_

HAVE YOU DRIVEN EMERGENCY EQUIPMENT BEFORE?

YES  NO

EXPLAIN THE NATURE OF DRIVING AND TYPE OF VEHICLE:

**DRIVING RECORD** (Last 5 years)

---

MOVING VIOLATIONS	Type	Location	Date

ACCIDENTS	Nature	Location	Date

Have you ever had a license, or privilege to operate a vehicle:

Denied?  YES  NO

Suspended or Revoked?  YES  NO

Explain: \_\_\_\_\_

TO BE READ AND SIGNED BY APPLICANT

I understand that misrepresentation of information given above shall be considered an act of dishonesty. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_

**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION  
REGARDING BACKGROUND CONSUMER REPORTS**

**Important: Please read carefully before signing.**

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with the employer. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the employer.** A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the personnel department of the employer, and within five (5) days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the Information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

**AUTHORIZATION**

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish the background check company with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

**READ, ACKNOWLEDGED AND AUTHORIZED BY:** \_\_\_\_\_  
Print Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For California applicants only**, if you would like to receive a copy of the report, if one is obtained, please check this box . For Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box .

—

## EMPLOYMENT PHYSICAL NOTIFICATION

(To be attached to Employment Application)

RIGGS AMBULANCE SERVICE requires an employment physical, which includes drug testing. This examination will be required only **after** a conditional job offer has been made. This examination will be at the company's expense with the test results being confidential.

Furthermore, I agree that the attending physician will notify the designated company representative if I pass or fail the examination. The company, in turn, will hold this information in strict confidence and it will be for company use only.

Any offer of employment is subject to and contingent upon my successfully passing this employment physical.

If I do not pass the physical, I have the right to request information concerning the reasons I did not pass the medical examination. Such request should be directed to the health care provider who performed the medical examination:

**Health Care Provider:** OLIVEWOOD MEADOWS OCCUPATIONAL

**Physician:** \_\_\_\_\_

**Address:** 1190 OLIVEWOOD DRIVE, SUITE C

**City:** MERCED

**State:** CA

**Zip:** 95348

**Telephone Number:** (209) 205-1001

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date