



## Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you for this job:

**MEMS Lic.#:** \_\_\_\_\_

Has your EMS license ever been suspended or subjected to a consent agreement?   Y   N   If "Yes" please explain:

## Record of Education      (If job applicable)

Name and Location	Yrs. Comp.	Did you Graduate?	Course of Study
High School			
College			
Other			

## Personal References      (Not former employers or relatives)

Name	Address/Phone	Email	Years Known

**Please include COMPLETE addresses. Partial information will delay action on your application!**

*To be completed by all applicants - Please read carefully before signing*

*I certify that the information in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations or omissions made by me in this application or any supplement thereto, will be sufficient for rejection of this application or discharge after employment.*

*I give the Peninsula Ambulance Corps, Inc. the right to obtain pertinent information concerning me from former employers and others, and I release all those providing or requesting such information from any liability that may arise by truthful disclosures or such investigations.*

*If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and that the Peninsula Ambulance Corps, Inc. reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the Peninsula Ambulance Corps, Inc., other than the Board of Directors, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the President of the Board of Directors.*

*I understand that it is the Peninsula Ambulance Corps' policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans With Disabilities Act.*

*I also understand that if I'm hired, I will be required to provide proof of identity and legal work authorization.*

*Your signature acknowledges you have read and agree to the material above.*

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

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