

# PROTRANSPORT-1

## Instructions for Completing the ProTransport-1 Application

Email to [Applications@ProTransport-1.com](mailto:Applications@ProTransport-1.com) or fax to Human Resources 707.665.9021.

### For EMT Applicants:

Must have valid CA Drivers License to apply for open driving positions. Please include a current 10 yr DMV driving record printout and a color copy of each valid certification (each certification copied on it's own page, front and back) of the following:

- EMT County Card
- CPR Card
- Ambulance Drivers License
- Medical Examiners Card (DL51)

### 1) Before Applying

Compare your education and experience with the requirements listed on the announcement. If you meet the requirements, proceed with the application process. The recruitment announcement will also contain relevant information about the job duties.

Please include a recent 10 year DMV printout with this application

### 2) Application Tips

- ✓ Type or print clearly in ink.
- ✓ Provide *all* requested information.
- ✓ Emphasize your experience/education that relates directly to the requirements on the job announcement. Summarize other experience.
- ✓ Start with your most recent experience and work backward.
- ✓ Submit application

### 3) Now What?

You can expect to be notified of your application results about 4 weeks after the closing date.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

## TERMS & DEFINITIONS

**Promotion**-Permanent employee being promoted to another level.

**Transfer**-Permanent employee applying within an existing job class or a closely related job class at the same salary level.

**Voluntary Demotion**-Permanent employee applying for a job at a lower salary level.

ProTransport-1 will conduct an **investigation** of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

# California Application for Employment Only

## Part 1. General Information

Please review all questions carefully before preparing your application. An equal opportunity employer.

Position Applying For (Job Title)				Date
Name (Last, First, and Middle Initial)				Social Security Number (Optional)
Mailing Address (Include apartment number, if any)			E-Mail Address	Cell Phone Number
City	County	State	ZIP	Home Phone Number

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?

Yes  No

Are you willing to travel as part of this job?  Yes  No

If under 18 years of age, can you provide proof of eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No, If yes, give date:

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

On what date would you be available for work?

Are you available to work:

Full-Time  Part-Time  Shift Work  Temporary  Over Time Weekends?

Day  Swing  Graveyard Hours Available to Work-

Willing to Commute?

Are you currently on 'lay-off' status and subject to recall?  Yes  No

Have you been convicted of a felony within the last seven (7) years?  Yes  No

Explain:

Do any of your friends or relatives work here?  Yes  No - if yes, please identify:

Were you referred by a Pro Transport-1 employee?  Yes  No - if yes, please identify:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.

2.

3.

## Part 2. BACKGROUND INFORMATION

If a driver's license or other license, certificate, or registration is required for this position, please complete the following

License, Certificate, or Registration	License Number	Expiration Date
EMT		
CDL		
ADL		

Paramedic Card

Any Others Certifications?

Are you prevented from becoming lawfully employed because of Visa or Immigration status?

Yes  No

Proof of citizenship or immigration status will be required upon employment.

**Part 3. Education and Training**

Have you graduated from high school or passed the GED?  Yes  No

School Name and Location	Month and Year Attended From and To	Credits Earned			Major	Type of Degree Awarded	Year Degree Received
		Quarter	Semester	Other (Specify)			
1	/						
	/						
2	/						
	/						
3	/						
	/						
4	/						
	/						

**Part 4. Employment History**

1. Present or Last Employer		Employer's Address			Employer's Phone Number		
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving				Number of Employees Supervised		
Specific Duties:							
2. Present or Last Employer		Employer's Address			Employer's Phone Number		
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving				Number of Employees Supervised		
Specific Duties:							
3. Present or Last Employer		Employer's Address			Employer's Phone Number		
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving				Number of Employees Supervised		
Specific Duties:							
4. Present or Last Employer		Employer's Address			Employer's Phone Number		
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving				Number of Employees Supervised		
Specific Duties:							
5. Present or Last Employer		Employer's Address			Employer's Phone Number		
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving				Number of Employees Supervised		
Specific Duties:							

**Part 5. Date and Signature**

**TO BE ACCEPTED, YOU MUST SIGN AND DATE THIS APPLICATION.**

I certify, under penalty of perjury of the laws of the State of California, that the information contained in this application and attachments or provided in connection with this application is true and correct to the best of my knowledge. I agree to have any of the statements checked by the company. I understand that any misrepresentation or material omission may result in my failure to receive an offer or my immediate dismissal. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME EITHER AT MY OPTION OR THE OPTION OF THE COMPANY. No representative of the company other than the CEO has the authority to agree to the contrary and only then, if the nature of my at-will employment is altered in a written agreement executed by both of us. I understand that all offers of employment are conditioned on my providing satisfactory proof of my identity and legal authority to work in the U.S.

Date (Month/Day/Year)

Signature

/ /

## VOLUNTARY APPLICANT AFFIRMATIVE ACTION INFORMATION

In an effort to implement our government affirmative action program record keeping and reporting requirements, we ask that you complete this data survey. Your cooperation is appreciated. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to not being hired. Information provided will be kept confidential in accordance with applicable regulations.

### Check One: Male Female

### Check One of the Following Race/Ethnic Groups:

- WHITE/CAUCASIAN** (Not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
  
- BLACK/African-American** (Not of Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.
  
- ASIAN OR PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
  
- AMERICAN INDIAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
  
- HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
  
- OTHER**

### Veteran/Disabled Status:

I am an individual with a disability/handicap.

I am a veteran.

I am a disabled veteran.

First and Last Name: \_\_\_\_\_

### Please print

Signature Date

NEITHER THIS FORM NOR ITS CONTENTS WILL BE USED TO DETERMINE OR JUDGE ELIGIBILITY OR QUALIFICATION FOR EMPLOYMENT. PROTRANSPORT-1 PROHIBITS DISCRIMINATION AGAINST, OR HARASSMENT OF, ANY PERSON EMPLOYED BY OR SEEKING EMPLOYMENT WITH IT ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, GENDER IDENTITY, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, ANCESTRY, MARITAL STATUS, AGE, SEXUAL ORIENTATION, CITIZENSHIP, OR STATUS AS A VETERAN OR DISABLED VETERAN. PROTRANSPORT IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER.



## Background Investigation Authorization

I, \_\_\_\_\_, hereby authorize an independent investigation of my background, which may include my character, general reputation, personal characteristics and mode of living in connection with an application of employment with ProTransport-1.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish ProTransport-1 or their agent with any and all information in their possession regarding me for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. I release all parties from any and all liability for damages that may result from furnishing such information, as well as from the use or disclosure of such information by the company or its agents. I allow that a photocopy of this authorization be accepted with the same authority as the original, and I specifically wave any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct.

Print Full Name: \_\_\_\_\_

Print Maiden Name or Other Names Used: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (for I.D. purposes only): \_\_\_/\_\_\_/\_\_\_ SS#: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issues: \_\_\_\_\_

Notice to California Residents:

If you would like to receive a copy of your background information obtained, please indicate by checking the following box:

{ } Yes please send me a copy of my background report

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