



APPLICATION PROCESS

Olympic Ambulance is committed to providing quality health care to our patients. We have a defined hiring process to ensure we hire qualified enthusiastic employees that will provide outstanding service and enhance our company image.

To begin the application process for **EMT or **Wheelchair Van Operator** please submit the following with your completed application:**

- ✓ Copy of valid Washington State EMT Certification or Copy of EMT class completion certificate (EMTs only)
- ✓ A copy of your valid Washington State Driver's License
- ✓ A current copy of your driver's abstract
- ✓ A current criminal history check, which may be obtained from the Washington State Patrol Office online at <https://watch.wsp.wa.gov/>

To begin the application process for **Paramedic or **Nurse** please submit the following with your completed application:**

- ✓ A copy of your current Washington State Paramedic Certification or Nursing License
- ✓ A copy of your current ACLS and PALS Certification (PHTLS Certification is acceptable)
- ✓ A copy of your valid Washington State Driver's License
- ✓ A current copy of your driver's abstract
- ✓ A current criminal history check, which may be obtained from the Washington State Patrol Office online at <https://watch.wsp.wa.gov/>

Employees or applicants under 21 years of age cannot have any moving violations on their driving record. Employees or applicants over 21 cannot have more than one moving violation on their driving record for any 36-month period.

Please complete the attached application using a blue or black ink pen and return it to our office along with the above required documentation. If the documentation is not submitted with your application, it will be considered incomplete and your application may not be considered.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical conditions, handicap or any other legally protected status.

OLYMPIC AMBULANCE

APPLICATION FOR EMPLOYMENT



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Social Security No.	Date available to start	Availability (Part-Time Full-Time Nights Weekends Any)	
Position you are applying for			
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 applied with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? Which Location?
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? Which Location?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain below and attach any documentation you feel pertinent.

COLLEGE – BUSINESS SCHOOL & MILITARY TRAINING (MOST RECENT FIRST)			
Name		Location	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Name		Location	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Name		Location	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
OCCUPATIONAL LICENSE – CERTIFICATE – OR REGISTRATIONS HELD			
Title		State/County Issued	
Number	Current?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Expiration Date
Title		State/County Issued	
Number	Current?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Expiration Date
Title		State/County Issued	
Number	Current?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Expiration Date
Languages read written or spoken fluently other than English			

OTHER SKILLS OR QUALIFICATIONS YOU FEEL MAY UNIQUELY QUALIFY YOU FOR THIS POSITION

OLYMPIC AMBULANCE

APPLICATION FOR EMPLOYMENT



PREVIOUS EMPLOYMENT		
Company	Phone ()	
Address		
Job Title	Supervisor	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address		
Job Title	Supervisor	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address		
Job Title	Supervisor	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

OLYMPIC AMBULANCE

APPLICATION FOR EMPLOYMENT



MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

PROFESSIONAL REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PERSONAL REFERENCES

Please list three personal references. These should be people who know you well but are not relatives.

Full Name	Relationship
City State	Phone ()
Full Name	Relationship
City State	Phone ()
Full Name	Relationship
City State	Phone ()

DISCLAIMER AND SIGNATURE

I certify the answers herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are still being accepted. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless the Company Director or President specifically acknowledges such change in writing. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand that I am responsible for adhering to all rules and regulations of the employer if an offer of employment is made.

Signature	Date
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