



Verde Valley Ambulance Company, Inc.

839 W. Mingus Ave.

PO Box 1477

Cottonwood, AZ 86326

(928) 634-7750

(928) 649-9379 Fax

APPLICATION FOR EMPLOYMENT

- All information obtained within this application will be held in strict confidence, subject to applicable law.
- Please complete all applicable sections and sign the last page.
- Please print clearly.
- ALL APPLICANTS MUST BE 18 YEARS OF AGE.

Date: _____

Name: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Mailing (if different): _____ City: _____ Zip: _____

Are you legally entitled to work in the USA? Y / N (Proof will be required)

Position applied for: _____ Date Available: _____

(Circle one) EMT CEP Office Staff

Fill out the appropriate information for your certification:

ACLS/EMS Certification #: _____ Expiration Date: _____

Arizona Certification #: _____ Expiration Date: _____

PALS Certification #: _____ Expiration Date: _____

CPR Expiration Date: _____

Have you ever worked for VVAC before: Y / N If yes, when? _____

Do you have a valid driver's license? Y / N License#: _____ Exp: _____ State: _____

REVELANT EDUCATIONAL BACKGROUND

A minimal educational level of Grade 12 or equivalent for all positions is required, plus current AZ DHS EMS Certification and current CPR card for EMS positions.

Highest level of education completed: _____

Name of educational institution: _____

What machines or equipment have you operated, which relate to the position you are applying for?

Skills, experience, or other qualifications you feel would assist you in performing duties for the position.

EMS Schooling: _____

EMS Experience: _____

RELEVANT EMPLOYMENT HISTORY

Employer's Name: _____

Start: _____ End: _____

Reason for leaving: _____

Supervisor's Name: _____ Phone: _____

Position held & duties: _____

Employer's Name: _____

Start: _____ End: _____

Reason for leaving: _____

Supervisor's Name: _____ Phone: _____

Position held & duties: _____

Employer's Name: _____

Start: _____ End: _____

Reason for leaving: _____

Supervisor's Name: _____ Phone: _____

Position held & duties: _____

May we contact these employers? Y / N

False information given or implied on an application form is grounds for immediate dismissal without further notice.

Applicant's Signature: _____