



Application Explorer Voluntary Program

We appreciate your interest in the San Luis Ambulance (SLA) Explorer voluntary program. A clear understanding of your background and work history would be helpful. It is our policy to provide Equal Employment Opportunities to all qualified persons concerning race, color, religion, gender and expression identity, pregnancy, sex, national origin, ancestry, citizenship, sexual orientation, gender identity, marital or veteran status, physical or mental disability, medical condition, age, genetics or any other legally protected status.

This is a voluntary program and you must be under the age 21.

Are you under age 21? Yes No

Complete applications are accepted and held for 180 days. It is your responsibility to keep your information current and inform Chris Anderson/Explorer Advisor. If you should have any questions, regarding the application process, please contact our Human Resources Department at 805-543-2626.

Download the application online at www.sanluisambulance.com, under Explorer Program.

Application Form

We are an Equal Opportunity employer. This application is valid for 180 days

Instructions (Please Read): Please read carefully, write clearly, and answer all questions completely. Only candidates who fully complete all sections of this application will be considered, although responding to any questions marked as being *voluntary* is optional. Not all applicants will be interviewed; only those interviewed will receive a response back. If you require any accommodation(s), please request through Explorer Advisor.

IMPORTANT NOTE: This application is mandatory to be completed in full.

1 Personal Information

Name: _____ Date: _____

LAST

FIRST

MIDDLE

Address: _____

NUMBER

STREET

CITY

STATE

ZIP CODE

Primary Phone #: _____ Alternate Phone #: _____ Email Address: _____

2 Position

What voluntary position are you applying for: _____

Hours desired: _____

What days of the week can you work?

3 Employment History

Instructions (Please Read): List most recent employer first. Account for all occupied and unoccupied time during the past ten years. Attach extra pages if necessary. It is unacceptable to put only "see resume" in any section. If currently employed, state why you are seeking other employment under "reason for leaving".

Dates of Employment ___/___/___ to ___/___/___ (Mo./Yr.) (Mo./Yr.)		Name, Address and Current Phone Number of Employer: _____ _____		
Name of Supervisor:		Title of Supervisor:		Telephone Extension:
Job Title:				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:				
Reason For Leaving:				
Dates of Employment ___/___/___ to ___/___/___ (Mo./Yr.) (Mo./Yr.)		Name, Address and Current Phone Number of Employer: _____ _____		
Name of Supervisor:		Title of Supervisor:		Telephone Extension:
Job Title:				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:				
Reason For Leaving:				

Dates of Employment ___/___/___ to ___/___/___ (Mo./Yr.) (Mo./Yr.)		Name, Address and Current Phone Number of Employer: _____ _____		
Name of Supervisor:		Title of Supervisor:		Telephone Extension:
Job Title:				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:				
Reason For Leaving:				

4 Education (please include a copy of your most recent report card)

High School:	
Name of School:	
Location of School (City & State):	Cumulative GPA
Completion Status (check one): <input type="checkbox"/> Graduated <input type="checkbox"/> GED <input type="checkbox"/> Did not graduate yet	

College or University (including Jr. College):	
Name of School:	
Location of School (City & State):	
Completion Status (check as applicable): <input type="checkbox"/> Graduated <input type="checkbox"/> Degree received <input type="checkbox"/> AA or 2 yrs. of college <input type="checkbox"/> Bachelor's or 4 yrs. of college <input type="checkbox"/> More than 4 yrs. of college <input type="checkbox"/> Did not graduate; but years completed: _____	
Major : _____	

5 Languages

Other than English, in what languages are you proficient?	
Language: _____	Check all that apply: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
Language: _____	Check all that apply: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

6 Extra Curricular Activities

Name of Group or Organization		Title of Position
Time Involved	From: To:	Advisor and contact number
Name of Group or Organization		Title of Position
Time Involved	From: To:	Advisor and contact number
Name of Group or Organization		Title of Position
Time Involved	From: To:	Advisor and contact number

7 Personal

Do you have a valid Driver's License? Yes No If Yes, from what state:

List names of any relatives or acquaintances ever employed by our Company:

List any professional organizations to which you belong (you may omit anything that would be indicated as a protected class):

8 References (You MUST provide at least 3 references. Do not provide a relative, current SLA employee or former employer)

Work or Personal	Name:	Occupation:	Phone:	Email:

9 Additional Questions

What experience, qualities, or traits do you feel would make you especially suited to be an Explorer for SLA? (Attach a separate page, if necessary).

What are your future goals including secondary education and post high school employment? (Attach a separate page, if necessary).

10 General Information

Instructions (Please Read): By initialing each paragraph, I am indicating that I have fully read and understand the paragraph. By signing below, I am agreeing to all the following:

READ & INITIAL

___ 10.1 All applicants applying for an explorer voluntary position with SLA are conditioned upon successfully completing the interview process.

___ 10.2 I understand that misrepresentation or omission of any facts called for herein, and receipt of unsatisfactory references, will be sufficient cause for disqualification for this voluntary position.

Applicant's Signature

Date

VOLUNTARY DISCLOSURE INFORMATION

Applicants and employees will be provided Equal Employment Opportunities to all qualified persons, in all aspects of employment, without regard to race, color, religion, gender identity, pregnancy, sex, national origin, ancestry, citizenship, sexual orientation, marital or veteran status, physical or mental disability, medical condition, age, genetics or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with governmental regulations, including Affirmative Action responsibilities, where they apply.

The purpose of this information is to comply with government record-keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Voluntary Disclosure Information is optional. If you choose to volunteer the requested information, please understand this information is kept separate from your employment application and in a confidential file.

**YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA,
WILL NOT AFFECT ANY EMPLOYMENT DECISION**

VOLUNTARY DISCLOSURE INFORMATION

The Equal Employment Opportunity Commission (EEOC) requires organizations, with 100 or more employees, to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records, and only accessed by the Human Resources department.

Name: _____

Voluntary Position Applying For _____ Date completed: _____

Referral Source (check one):

- Walk in Indeed Craigslist College Placement Employee Referral
 Other _____

GENDER (Please check one of the options below): Male Female

VETERAN Yes No

RACE/ETHNICITY (Please check one of the descriptions below corresponding to the ethnic group with which you identify.):

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Thank you for your participation.