

**El Dorado County  
Emergency Services Authority  
480 Locust Road  
Diamond Springs, CA 95619**

**Application for Employment**

Position Applying for:

**Executive Director**

*Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or selection process should notify the El Dorado County Emergency Services Authority.*

Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street City State Zip

Mailing Address (if different then above) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

What is your desired salary range or hourly rate of pay? \$ \_\_\_\_\_ Per \_\_\_\_\_

Please check type of employment desired:  Full-time

Do you possess a valid driver's license? (May be required for position)  California  Other  Class

**Read fully and answer by checking:**

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

Are you able to meet the attendance requirements of the position, as stated?  Yes  No

Will you work overtime if required?  Yes  No

**For Official Use Only**  
**Application Accepted: Yes No**  
**Reason if not:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Stamp/Initial**

**Educational Background** - (College, Business/Trade School, other)

Education equivalent to completion of the 12th grade?  Yes  No

<u>Name and Location</u>	<u>Quarterly or Semester Units Earned</u>	<u>Degree or Certificate</u>	<u>Year Graduated</u>	<u>Course of Study</u>

**Special Skills and Qualifications**

<u>Occupational License, Certificate or Registration</u>	<u>Date Issued</u>	<u>Registration Number</u>	<u>Expiration Date</u>

Summarize any special training or skills that may assist you in performing the position for which you are now applying. Include any software programs in which you are proficient.

Software

Typing/Keyboarding Speed WPM  Other

**Foreign Language Skills**

Are you able to communicate in a foreign language?  Yes  No Language(s)

**U.S. Military Service**

If you serve in the U.S. Armed Forces, please complete the following information.

Service Branch  Reserve Status  From  To

Special training received that relates to the job for which you are applying.

## Employment History

This section must be completed even if submitting a resume. Starting with your most recent employer, provide the following information for your past three (3) or more employers, assignments or volunteer activities. Attach a separate sheet if necessary. **Do not indicate, 'See Resume.'**

### DATES EMPLOYED

From  To  Employer  Immediate Supervisor   
Telephone #

Job Title  Address

Immediate Supervisor/Title

Summarize the type of work/responsibilities:

Hours worked per week

Reason for Leaving

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**References**

List four professional and/or character references who are not previous supervisors and who are not related to you.

(Enter Numeric Numbers Only. No spaces)

Name & Relationship _____	Telephone # _____	# Years Known _____
Name & Relationship _____	Telephone # _____	# Years Known _____
Name & Relationship _____	Telephone # _____	# Years Known _____
Name & Relationship _____	Telephone # _____	# Years Known _____

**Please tell us how you found out about this position?**

Newspaper (which one):  Website (address):

Recruitment Flyer (location):  Dept. Employee (name):

Other (please specify):

**Applicant Statement**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time lapse before discovery.

I hereby authorize El Dorado County EMSA to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and authorize the references I have listed to disclose to the District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand employment may be offered after an evaluation of a background investigation, which will include employment history, references, criminal and motor vehicle records. I understand employment may be offered contingent upon an acceptable report from the El Dorado County EMSA's doctor(s) after a preplacement physical examination, which will include a drug screen. I understand that upon starting for work, I will be required to certify eligibility for employment under the guidelines of the Immigration Control Act of 1986 by completion of U.S. Department of Justice Form I-9. I further understand that the El Dorado County EMSA does not guarantee employment for any specified period of time nor does it imply any eligibility for promotional opportunities with an offer of employment.

I understand that the El Dorado County EMSA does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by local, state or federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please date and sign. Email the job application to  
Maia Schneider, Executive Director Business Development  
at mschneider@marshallmedical.org*