



DEER PARK AMBULANCE, INC.

Volunteer Ambulance Co. since 1948
19 N Arnim (PO BOX 596), Deer Park, WA 99006
Main: 509-276-789 Fax: 509-276-2363

Incomplete applications WILL NOT be accepted

Application Checklist

- Cover Letter
- 2-Page Application
- Signed "Waiver of Liability" by applicant
- Copy of Driver's License (Front and Back)
- Copy of Washington State Driver's Abstract
Visit dol.wa.gov/licenseexpress.html and request a Volunteer abstract (3-Yr)
- Copy of National Registry Certification
- Copy of WA State Certification OR Course Completion Certificate
- Copy of Healthcare Provider CPR Card
- Copy of COVID 19 Vaccinations
- Copy of completed FEMA ICS Courses 100,200,700,800
Can be completed for free. Google "ICS 100" to get started (FEMA site)

Complete application packets can be emailed, mailed, or submitted in person to:

Training@deerparkamb.org

Deer Park Ambulance
ATTN: Human Resources (Physical Address 19 N Arnim Deer Park, WA 99006)
PO BOX 596
Deer Park, WA 99006

Questions? Contact us at 509-276-2789 ext 103 or email training@deerparkamb.org



DEER PARK AMBULANCE

Employment/Membership Application

All information and references given on this application may be verified by Deer Park Ambulance

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		DOL Number:
Position Applied 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 ever worked in EMS before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

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

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

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date