

# POSEY COUNTY EMS APPLICATION FOR EMPLOYMENT

## TO APPLICANTS

We consider applicants for all positions without regard to Race, Color, Religion, Sex, National Origin, Age, Marital or Veteran Status, the presence of a Non-Job-Related Disability or Handicap, or any other legally protected class. Applicants and employees are encouraged to request an accommodation from this employer at any time.

The careful and thorough completion of this application is an important step in our consideration of individuals for employment. Therefore, you must complete the entire application fully and honestly. If you do not, you will not be considered for employment. If any false information is discovered on your application, regardless of the time found, your employment will be subject to termination.

Please be advised that your application will go into our inactive file six months from the date of application. When your application has been placed in our inactive file, you must submit a new application to be considered for employment. Please ask the Director of Posey County EMS and questions you may have.

## INSTRUCTIONS

The applicant must personally complete all sections of this application honestly, completely and accurately. If sections are not applicable, please indicate. Please print. Use space on the last page to clarify any responses, if desired. Applications should be returned to Posey County EMS in person or mailed to 305 Mill Street, Mt. Vernon, IN 47620.

Last Name	First Name	Middle
Home Phone #	Cell Phone #	Age
Email Address:		
Address		
City	State	ZIP
Position Applying For		When are you available to start work?

## PERSONAL DATA

Are you presently employed                      Yes    No    If yes, where? \_\_\_\_\_

Are you presently on layoff?                      Yes    No    Subject to recall?              Yes    No

Have you ever applied to this company before?    Yes    No    If so, for what position? \_\_\_\_\_

Do you wish to work    Full-Time     Part-Time     If Part-Time, specify hours or days: \_\_\_\_\_

	Name	Date: From / To	Date Graduated	Degree	GPA
High School					
College					
Graduate					
Other					

Other formal education or experience which you feel is relevant to the position for which you are applying:

## EMPLOYMENT HISTORY

List below your current employer and the last two employers, starting with the most recent:

Employer	Address	Phone #
Position	Starting Salary	Ending Salary
Job Description		
Supervisor	Employment Dates: From _____ To _____	Reason for Leaving

Employer	Address	Phone #
Position	Starting Salary	Ending Salary
Job Description		
Supervisor	Employment Dates: From _____ To _____	Reason for Leaving

Employer	Address	Phone #
Position	Starting Salary	Ending Salary
Job Description		
Supervisor	Employment Dates: From _____ To _____	Reason for Leaving

## GENERAL INFORMATION

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

Have you ever been convicted of a felony?      Yes          No   

If yes, please give date and explanation: \_\_\_\_\_

Do you currently have any felony charges pending against you?      Yes          No   

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment)

**IMPORTANT!!** You will also need to submit a copy of your Motor Vehicle Record and also a copy of your Driver's License

### At what level of medical training are you currently licensed or certified:

Please List:	Level of License/Certification	State of Certification	License Number	Expires

Have you received any awards, commendations, training or other job related achievements which you wish to have considered?

Do you speak and foreign languages? (If so, please list)

U.S. Military Service      Rank

Present Membership in National Guard or Reserves

## PERSONAL REFERENCES

Name	Address	Phone #	Occupation

I authorize investigation of all statements contained in this application. I understand that if employed, and misrepresentation or intentional omission of facts on this application, regardless of when discovered, will result in my dismissal. I also authorize my former employers and training institution to give any information regarding my employment record. I waive notice of disclosure of such records under state law, and I release all parties from any liability for any damages that may result from furnishing them to you. In consideration of my employment, I agree to conform to all the rules and regulations of the company and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no employee or representative of the service other than the Commissioners or the Director has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that any such action by the Commissioners or Director must be in writing to be valid.

Signature \_\_\_\_\_ Date \_\_\_\_\_

