



APPLICATION FOR EMPLOYMENT

WILLIAMSBURG COUNTY EMS



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 medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency Other _____

Name _____

Last
First
Middle

Address _____

Number
Street
City
State
Zip Code

Telephone (____) _____ Social Security Number _____

Date of Birth _____ Driver's License No.: _____

If employed and you are under 18,
 Can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed
 in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or Immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain _____

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. **SUBMISSION OF INFORMATION IS VOLUNTARY.**

Check one: Male Female

Check one of the following:

Race/ethnic group White Black Hispanic American Indian/Alaskan Native
 Asian/ Pacific Islander

Check if any of the following are applicable: Vietnam Era Veteran Disabled Veteran Handicapped Individual

Education

	Elementary	Jr. High	Sr. High	College/University	Graduate/Professional
School Name					
Years Completed/Degree	4 5 6	7 8	9 10 11 12	1 2 3 4	1 2 3 4
Dates attended School					
Diploma/Degree					
Described Course of Study					
Described Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities					

Honors received: State any additional information you feel may be helpful to us in considering your application.

Employment

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer ()	Telephone	<u>Dates Employed</u> From To	Work Performed
Address			
Job title		<u>Hourly Rate/Salary</u> Starting Final	
Supervisor			
Reason for Leaving			
Employer ()		Telephone	<u>Dates Employed</u> From To
Address			Work Performed
Job title		<u>Hourly Rate/Salary</u> Starting Final	
Supervisor			
Reason for Leaving			
Employer ()		Telephone	<u>Dates Employed</u> From To
Address			Work Performed
Job title		<u>Hourly Rate/Salary</u> Starting Final	
Supervisor			
Reason for Leaving			
Employer ()		Telephone	<u>Dates Employed</u> From To
Address			Work Performed
Job title		<u>Hourly Rate/Salary</u> Starting Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience. _____

Certifications

Certification:	No.	Date of Certification	Documents	No. (if Applicable)	Date
CPR	_____	_____	Driver's License	_____	_____
1 st Responder	_____	_____	5 yr. Driving Record	_____	_____
Dot Extrication	_____	_____	100 Nims	_____	_____
EMT	_____	_____	200 Nims	_____	_____
EMT-I	_____	_____	300 Nims	_____	_____
Paramedic	_____	_____	700 Nims	_____	_____
Acls	_____	_____	800 Nims	_____	_____
Btls	_____	_____	Shot Records	_____	_____
IS	_____	_____	S. Security Card	_____	_____
Current PPD	_____	_____	Hepatitis Records	_____	_____
Emergency Vehicle Driving Record	_____	_____			

PLEASE INCLUDE A COPY OF ALL THE DOCUMENTS LISTED ABOVE (That are Applicable)

EMS experience (Paid or Volunteer): _____

Indicate languages you speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status). _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

I, HEREBY, GIVE PERMISSION TO ANY POLICE DEPARTMENT OR GOVERNMENT AGENCY TO FURNISH ANY INFORMATION CONTAINED IN MY FILES TO WILLIAMSBURG COUNTY EMERGENCY MEDICAL SERVICES.

Date: _____ Signature: _____

Full Name: _____

Social Security Number: ____ - ____ - ____ Date of Birth: _____

Height: _____ Weight _____ Hair _____ Eye Color: _____

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CITY POLICE RECORD

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COUNTY POLICE RECORD

To Applicant: do not answer any question contained in this blocked-off area unless the employer has checked the box next to the question, thereby indicating that for the position for which you are applying the requested information is needed for a legal permissible reason, including, without limitation, national security requirements, a bona fide occupational qualification or business necessity. ▼

How long have you lived at present address? _____

Previous address _____

Are you over the age of eighteen? _____ If no, hire is subject to verification that you are of minimum legal age.

How do you wish to be addressed? Mr. ___ Mrs. ___ Miss ___ Ms. ___

Sex: M ___ F ___ Height: ___ ft ___ in. Weight ___ lbs.

Marital Status: Single ___ Engaged ___ Married ___ Separated ___ Divorce ___ Widowed ___

Date of Marriage ___ Number of dependents including yourself? ___ Are you a citizen of the USA? ___

What is your present Selective Service classification? _____

Have you ever been bonded? _____ If yes, on what jobs? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court? _____ If yes, describe in full _____

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? _____
If yes, describe such condition and explain how you can perform the job for which you are applying in spite of it. _____

Have you had a major illness in the past 5 years? _____ If yes, describe _____

Have you received compensation for injuries? _____ If yes, describe _____

List any friends or relatives working for us, other than spouse _____

Employer may list other bona fide occupational questions on lines below:

References

Name	Title	Address	Telephone No.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contract is required to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974, which requests that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

- Handicapped Individual Disable Veteran Vietnam Era Veteran

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____ Interviewer _____ Date _____
Job Title _____ Department _____

By _____ Date _____

Name and Title