

MITCHELL COUNTY

Emergency Medical Services

Position(s) Applied For EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> MICT <input type="checkbox"/> Volunteer <input type="checkbox"/>	Date Of Application
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Last Name	First Name	Middle Name
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Address <i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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Phone Number () -	Social Security Number - -
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Best time to contact you at home is : AM PM

If you are under 18 years of age, can you provide requires proof of your eligibility to work?..... YES NO

Have you ever filed an application with us before? YES NO
 If Yes, give date

Have you ever been employed with us before? YES NO
 If Yes, give date

Do any of your friends or relative, other then spouse, work here? YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this county
 Because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment YES NO

Date available for work What is your desired salary range?

Are you available to work : Full-Time Part-Time Temporary

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if your Job requires it? YES NO

Education

	Name of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, skills, and Certifications / Licenses

Describe any job-related training received in the United States Military

Employment Experience

Employer		Dates Employed From: To:
Address		Hourly Rate/Salary Start: Final:
Telephone Number		Work Performed:
Job Title	Supervisor	
Reason for Leaving		
Employer		Dates Employed From: To:
Address		Hourly Rate/Salary Start: Final:
Telephone Number		Work Performed:
Job Title	Supervisor	
Reason for Leaving		
Employer		Dates Employed From: To:
Address		Hourly Rate/Salary Start: Final:
Telephone Number		Work Performed:
Job Title	Supervisor	
Reason for Leaving		

References

Name	Phone Number
Address	
Name	Phone Number
Address	
Name	Phone Number
Address	

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as maybe 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 this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing

by an authorized executive of this organization.

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.

Name:

Date:

FOR DEPARTMENTAL USE ONLY		
Position:	Interview Date:	Date Hired: