

WEST DEER EMS EMPLOYMENT APPLICATION

West Deer EMS is an Equal Opportunity Employer. All applicants are considered for positions without regard to race, creed, color, religion, sex, sexual orientation, national origin, age, qualified disability or handicap, or veteran status.

Please follow these instructions when completing this application:

1. Please print legibly in ink.
2. This application must be fully completed. A resume may be included; however, it will not substitute for this application or any section within this application. Any incomplete applications will not be considered.
3. Photocopies of the following documents must be included with this application. Failure to include the minimum documents may automatically reject your application.

Emergency Medical Technicians:

- EMT Certification
- BCLS Certification
- EVOC Certification
- Drivers License

Paramedics:

- EMT-P Certification
- BCLS Certification
- ACLS Certification
- PALS Certification
- PH TLS or BTLS Certification
- EVOC Certification
- Drivers License



I certify that the statements made on this application and any supplements are true and correct to the best of my knowledge and belief. I authorize West Deer EMS to verify such answers and investigate all references. I understand that any false statements on this application or supplements to it may be considered sufficient cause for rejection of this application, or for dismissal, if detected subsequent to my employment. I further understand that my employment and compensation can be terminated, at will, with or without cause, and with or without notice, at any time, either at my option, or the option of West Deer EMS.

Applicants Signature _____

Date _____

Application Received:	Reference Check:
Applicant Contacted:	Hire Date:
Applicant Interviewed:	Pay Rate:
By Whom:	Start Date:

PERSONAL DATA

Legal Name: (Last, First, Middle Initial) Maiden:

Address:

City: State: Zip Code:

Home Telephone: Alternate Telephone: Social Security Number:

Position Desired: Salary Desired:

Are you seeking: Full Time Part Time If Part Time, Hours Available per Week:

Have you ever applied to or been employed by West Deer EMS? YES NO If YES, list date(s):

Have you ever been convicted of a felony or a misdemeanor? YES NO If YES, please describe in detail on the last page of this application. A YES answer will not necessarily disqualify you from consideration for this position.

EDUCATIONAL BACKGROUND

EMS Education

Program Dates		Name and Address	Completed	Primary Instructor(s)
From	To			
		EMT Course	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Paramedic Course	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Special Skills or Training (Include Instructor Certifications, Rescue Courses & other job related. Provide copies of such):

High School, College or University, Technical School & Other

Do you possess either a High School Diploma or G.E.D.? YES NO

Dates: Month/Year		Schools	Name and Address	Graduated	Course or Major
From	To			<input type="checkbox"/> YES <input type="checkbox"/> NO	
		High School			
		College or University		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Technical School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Other		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach any supplemental information you may feel West Deer EMS should consider when evaluating this application. Also, please be aware that West Deer EMS may contact any previous employers or supervisors listed unless specifically requested not to do so.

EMPLOYMENT HISTORY

Please list all employers and duties beginning with the most recent (include military training if applicable). Utilize additional space on the last page of this application if needed. Explain any gaps of more than 30 days.

From	Name Of Employer	Supervisor		
To	Phone	Position		
Address		City	State	Zip
Duties				
Reason for Leaving:			Salary or hourly rate:	

From	Name Of Employer	Supervisor		
To	Phone	Position		
Address		City	State	Zip
Duties				
Reason for Leaving:			Salary or hourly rate:	

From	Name Of Employer	Supervisor		
To	Phone	Position		
Address		City	State	Zip
Duties				
Reason for Leaving:			Salary or hourly rate:	

From	Name Of Employer	Supervisor		
To	Phone	Position		
Address		City	State	Zip
Duties				
Reason for Leaving:			Salary or hourly rate:	

From	Name Of Employer	Supervisor		
To	Phone	Position		
Address		City	State	Zip
Duties				
Reason for Leaving:			Salary or hourly rate:	

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ADDITIONAL INFORMATION/EXPLANATIONS

Please utilize this section for any additional information or explanations needed from the previous pages.

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