



*Jackson
County
Ambulance
Service*

Application for Employment

Last Name	First	MI	Date of Application		
Street Address			Social Security Number		
City	State	Zip Code	Phone Number		
Type(s) of work desired					
EMT-P	EMT-I/B	Livery	Dispatch	Business Office	Other

Please read Carefully and complete by printing in ink or typing.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Applicants applying for Emergency Response positions must be 21 years of age to drive Emergency Vehicles.

Are you 21 years of age. Y N

Office use only			
Written Test	Pass	Fail	Date_____
Physical Test	Pass	Fail	Date_____
Background Check Complete		Yes	No
Interview Scheduled		Yes	No
Interviewed by_____	Date_____		
Interview by_____	Date_____		

Employment Record

Starting with present or most recent, list all previous employers, including self-employment and summer and part-time jobs. If more space is required, you may continue on a separate sheet. You may attach resume, but complete application as well.

Last or Present Company	Type of Business	Title or Job Classification
Street Address	Phone No.	Brief description of job duties
City	State	Zip
Supervisors name and title	Phone No.	
Base Salary	Dates worked	
Reason For Leaving		

Last or Present Company	Type of Business	Title or Job Classification
Street Address	Phone No.	Brief description of job duties
City	State	Zip
Supervisors name and title	Phone No.	
Base Salary	Dates worked	
Reason For Leaving		

Last or Present Company	Type of Business	Title or Job Classification
Street Address	Phone No.	Brief description of job duties
City	State	Zip
Supervisors name and title	Phone No.	
Base Salary	Dates worked	
Reason For Leaving		

Educational History

School Name	Location	Major	Dates Attended	Graduated	Degree
High School			XXXXX		
Technical/Trade					
College					
Other Education					

Special Skills

To be completed by applicant for office/clerical work (i.e, Typing, computer)

Specific Training	Dates/years	Location of training

To be completed by applicant for emergency medical Services work (i.e, Hazmat, Ops, Tactical, etc..)

Specific Training	Dates/years	Location of training

U.S. Military Record

Branch of Service

Present Military Affiliations

None

Reserve (active)

Reserve (inactive)

Special applicable training while in military service

Miscellaneous

Where you previously employed by Jackson County? If Yes. When and where

Do you have friends/relatives that are currently employed by Jackson County Ambulance?

Have you been convicted of any crimes other than minor traffic violations during the past seven years?
(Applicant is not obligated to disclose sealed or expunged records of conviction or arrest.)

Will visa or immigration status prevent lawful employment?

Would you be willing to work other than a day shift?

Professional Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title	Address	Phone Number	Occupation

May we contact your present employer?

Yes

No

Wage or salary required?

Date Available

Certification/Employment Conditions

I hereby certify that the answers and other information on this application are true and that any misrepresentation or omission of facts on my part will be justification for separation from the company's service. If employed, I understand that my employment maybe contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment and my continued employment depends on the will of the company or myself.

I understand and agree that:

- ✓ Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination form employment.
- ✓ It is my understanding that the employer will make a thorough investigation of my work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my hire, or if hired, may subject me to immediate dismissal.
- ✓ I understand that the employer follows an employment at will policy, in that I or the employer may terminate my employment at any time or for any reason consistent with applicable state and federal laws.
- ✓ I agree that my employment may be terminated by this employer at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any locker or desk or work area that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I understand and agree that I will be required to take a physical examination, at the employer's expense, at any time to determine if I am physically fit for the job I am to perform, and authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with this employer.
- ✓ I understand that any offer of employment is contingent upon my successfully passing a drug screening test at the request of Jackson County Ambulance Service. If I am offered employment, I agree to give my consent to a drug screening test to detect the presence of controlled substances. A refusal to be tested shall be considered a voluntary withdrawal of my application for employment.
- ✓ I further understand that this is an application for employment and no employment contract is being offered.
- ✓ I understand that if I am employed, such employment is for an indefinite period of time and that the employer can changes wages, benefits and conditions at any time, subject to certain provisions of labor contracts, if applicable to the position for which I may be hired.

Name

Date

Signature _____

Background/Reference Check

What will your references say about you?	Reference Verification (Office Use Only)
Employer	Employer
Comments	Date Called
	Verified <input type="radio"/> Valid <input type="radio"/> InValid <input type="radio"/>
	Comments
What will your references say about you?	Reference Verification (Office Use Only)
Employer	Employer
Comments	Date Called
	Verified <input type="radio"/> Valid <input type="radio"/> InValid <input type="radio"/>
	Comments
What will your references say about you?	Reference Verification (Office Use Only)
Employer	Employer
Comments	Date Called
	Verified <input type="radio"/> Valid <input type="radio"/> InValid <input type="radio"/>
	Comments
What will your references say about you?	Reference Verification (Office Use Only)
Employer	Employer
Comments	Date Called
	Verified <input type="radio"/> Valid <input type="radio"/> InValid <input type="radio"/>
	Comments

Signature _____ Date _____ Signature _____ Date _____
 Applicant Supervisor