

CAMPBELL COUNTY EMS

EMPLOYMENT APPLICATION

Application information

Full name:					Date:
	Last	First		M.I.	
Address:					Phone:
	Street address			Apt/Unit #	
					Email:
	City		State	Zip Code	
Date Available:	S.S.	no:			Desired salary: \$
Choose Applicat	ole Certificate: EMT	Advand	ced EMT	Paramed	dic
Are you a citizen	of the United States?	Yes □	No □	Please list any	y licenses or certifications.
If no, are you au	thorized to work in the U.S.?	Yes □	No □		
Have you ever w	Yes □	No □	If yes, when?		
Have you ever been convicted of a felony?		Yes □	No □	If yes, explain?	
Education					
High school:			Address:		
From:	To:	Did yo	ou graduate?	Yes □ No □	Diploma:
College:			Address:		
From:	To:	Did yo	ou graduate?	Yes □ No □	Degree:
Other:			Address:		
From:	To:	Did ve	nu graduate?	Ves □ No □	Degree:

References

Please list three professional references.

Full name:	Relationship:		
Company:	Phone:		
Address:	Email:		
Full name:	Relationship:		
Company:	Phone:		
Address:	Email:		
Full name:	Relationship:		
Company:	Phone:		
Address:	Email:		
Previous Employment			
Company:	Phone:		
Address:	Supervisor:		
Job title:	From:		To:
Responsibilities:			
May we contact your previous supervisor for a reference?	Yes □	No □	
Company:	Phone:		
Address:	Supervisor:		
Job title:	From:		To:
Responsibilities:			
May we contact your previous supervisor for a reference?	Yes □	No □	

Company:	Phone:							
Address:	Supervisor:							
Job title:	From:		To:					
Responsibilities:								
May we contact your previous supervisor for a reference?	Yes □	No □						
Military Service								
Branch:	From:		To:					
Rank at discharge:	Type of discharge:							
If other than honorable, explain:								
Disclaimer and signature								
I certify that my answers are true and complete to the best of my knowledge.								
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.								
Signature:		Date:						