

PLEASE PRINT OR TYPE • FILL OUT COMPLETELY

POSITION APPLYING FOR- EMT, EMT-IV, A-EMT, Paramedic (Circle)

Name: _____

Last

First

Full Middle Name

Maiden/Alias

Address: _____ City/State/Zip: _____

How long have you lived at this address: _____ yrs. / _____ months Do you work in this county? Y N

If no where do you work? _____

Phone (Home or Cell) _____ Email _____

Social networking sites: _____

CURRENT EMPLOYER INFORMATION

Employer Name: _____ Supervisor Name: _____

Address: _____

Mailing

City

State

Zip

Job Title: _____ Typical work schedule: _____

How long at present job: _____ yrs. / _____ months May we contact this employer for a reference Y N

Duties _____

EMPLOYMENT HISTORY

List employers for the past five (5) years and provide a contact name and phone number.

Use a separate page if necessary

1) Business & Location _____ Job Title _____

Supervisor: _____ Phone _____ May we contact Y N

2) Business & Location _____ Job Title _____

Supervisor: _____ Phone _____ May we contact Y N

3) Business & Location _____ Job Title _____

Supervisor: _____ Phone _____ May we contact Y N

GENERAL INFORMATION

Please describe any skills or specialized training you will bring with you: _____

Qualified applicants are considered for employment without regard to age, race, color, religion, sex, national origin, sexual orientation, veteran status or any other legally protected status or characteristic.

EMERGENCY MEDICAL SERVICE - FIRE SERVICE AGENCIES

Please list any Emergency Medical Service or Fire Service agencies you have worked for were a member of in the past. Use a separate page if necessary. Please provide the reason for leaving each agency.

1) Agency & Location _____ Job Title _____

Supervisor: _____ Duties _____

2) Agency & Location _____ Job Title _____

Supervisor: _____ Duties _____

Other Information: _____

Provide a copy of any EMS and/or Fire Service certifications and/or training records

EDUCATION HISTORY

High School _____ Location _____ Diploma or GED (circle) Year _____

College Name _____ Location _____ Dates – From/To _____ Major, Degree or Certificate _____

DRIVING AND CRIMINAL HISTORY

DRIVING RECORD: List any and all driving citations or chargeable accidents you have had within the past five (5) years. If none mark N/A ()

Date _____ Infraction _____ Court _____

CONVICTIONS: List all instances in which you have been convicted of breaking any law except traffic citations. If none, mark N/A ()

Date _____ Location _____ Charge _____ Disposition _____

ARRESTS: List all instances in which you have been arrested, whether you were found guilty or not. If none, mark N/A ()

Date _____ Location _____ Charge _____ Disposition _____

REFERENCES

References: (Please list 2 individuals other than relatives, who have known you for more than two years)

Last Name _____ First Name _____ Phone _____

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Last Name

First Name

Phone

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected or my status as a member of Klickitat County EMS District #1 may be terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for membership.

Release and Authorization for Perpetual Use of Name, Image, Likeness and Voice; Intellectual Property and Copyright Assignment

If hired as an employee, I hereby consent to and authorize the use of my name, image, likeness, and voice, in whatever form recorded, reproduced or depicted, by *Klickitat County EMS District #1* for any purpose, including, but not limited to, recruitment, public relations, advertising fundraising, education and training. This release and authorization shall be perpetual, and shall apply during and after my tenure as an employee. I understand that news media (radio, television, magazine newspaper, webcasts, blogs, etc.) capture candid images at events at which personnel may be present, and reproduce and/or publish these images. I further understand that likeness may be used in reports requested by courts, and state and local law enforcement agencies. I further assign all copyright, trademark, or other intellectual property rights I may have in any materials which I may create for any of the *Klickitat County EMS District #1* to the EMS district for which such materials are created. I understand that I will not receive any financial compensation for any of the above described uses of my name, image, likeness or voice, or for any copyright, trademark or intellectual property assigned by this paragraph.

Applicant Initials _____

Physical Exam & Medical Records Release Waiver and Records Authorization

In connection with my application, I understand that if *Klickitat County EMS District #1* makes me an offer of employment, the offer is contingent upon my passing a pre-appointment physical examination, including a drug screening exam and x-rays (if required), and I consent to such examination. I consent to releasing any medical information as may be deemed necessary by *Klickitat County EMS District #1* contingent upon offer of appointment to enable them to judge my capability to perform the essential job functions of the position for which I am applying. Further, I grant permission to *Klickitat County EMS District #1* for which I am employed to require a drug screening and/or alcohol screening while acting in the capacity of *Klickitat County EMS District #1* as part of an accident investigation.

Applicant Initials _____

I understand that this application will be kept on file from the date received (as listed below), and that it is my responsibility to update this application or re-apply as needed.

I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE.

Printed Name

Date

Signature

Date

Qualified applicants are considered for employment without regard to age, race, color, religion, sex, national origin, sexual orientation, veteran status or any other legally protected status or characteristic.

Witness

Date

*A photographic copy or telephonic facsimile of this document shall be valid for all purposes present and future.
*This release will be kept on file for the duration of employment

Permission to Procure an Investigative Report

➤ Please type or print legibly your name as it appears on your driver's license

LAST FIRST FULL MIDDLE

STREET ADDRESS (No Post Office boxes) MAILING ADDRESS IF DIFFERENT

CITY STATE ZIPCODE

Please list other names used and dates of name change in the last ten years:

FULL NAME DATE

FULL NAME DATE

DOB: / / SSN: / /

DRIVERS LICENSE NUMBER STATE EYE COLOR

As stated on your Drivers License

Have you ever been arrested or convicted? If yes, please provide details of all violations and location so all convictions (A yes answer will not necessarily disqualify you from employment.)

Residences: Please list residences in the last 10 years

State City County Years: to

State City County Years: to

State City County Years: to

INVESTIGATIVE CONSUMER REPORT AUTHORIZATION

*In connection with my application I understand that an investigative consumer report may be requested that may include information regarding my court records both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I hereby release and discharge to the extent permitted by law any of the **Klickitat County EMS District #1** to which I am applying, their employees, agents and employees, any individual or agency obtaining information for any **Klickitat County EMS District #1** to which I am applying, my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or the disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand and agree with the above.*

Signed Date

Witnessed Date

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