

LEE COUNTY EMERGENCY MEDICAL SERVICES

Employment Application



Instructions:

Please print legibly in blue or black ink. If an item does not apply to you indicate by entering "N/A". Resumes may be requested, however are not required (unless requested), and may be attached to this application if desired. Only applications that are submitted filled out completely and accurately will be considered.

Please submit photocopies of the following documents with this application: Driver's License, a 10 year Driving Record, C.P.R. Certification, National Registry of EMT's (NREMT) Certification, South Carolina DHEC Bureau of EMS Emergency Prehospital Provider Certifications, and any other pertinent licenses and/or certifications.

Note:

All responses to statements are subject to verification and any incorrect statements may bar or remove you from employment. A complete background investigation to include criminal and driving records will be conducted on all selected applicants.

**** All Applicants will be administered a Pre-employment Test, at the level of certification being applied for, Tests will be administered at the time of interview(s)****

APPLICANT INFORMATION										
Last Name				First			M.I.	Date		
Street Address						Apartment/Unit #				
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.			Desired Salary			
Position Applied for										
Are you Seeking?	Full Time Employment <input type="checkbox"/>			: Part Time Employment <input type="checkbox"/>			: Either <input type="checkbox"/>			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you Currently Employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you willing to work 24 hour shifts?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
May we Contact your current employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you willing to work weekends and Holidays?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							

GENERAL EDUCATION										
High School					Address					
From		To		Did you graduate?	YES	NO	Degree			
College					Address					
From		To		Did you graduate?	YES	NO	Degree			
Other					Address					
From		To		Did you graduate?	YES	NO	Degree			

PROFESSIONAL / JOB RELATED LISENSSES AND CERTIFICATIONS

Certification Description		Certifying Entity			
Initial Certification Date:	Are you Currently Certified?	YES <input type="checkbox"/>	NO	Expiration Date:	

Certification Description		Certifying Entity			
Initial Certification Date:	Are you Currently Certified?	YES <input type="checkbox"/>	NO	Expiration Date:	

Certification Description		Certifying Entity			
Initial Certification Date:	Are you Currently Certified?	YES <input type="checkbox"/>	NO	Expiration Date:	

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		
Describe any job-related training received in the United States Military.		

ADDITIONAL INFORMATION

Other Qualifications:

(summarize special job-related skills and qualifications acquired from employment or other experiences)

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

DISCLAIMER AND SIGNATURE

I certify that my answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be 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, and during that time period my previous employers may be contacted in writing for professional references unless stated otherwise above. 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 the Employee 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.

I also hereby give consent and authorization for a complete background investigation, to include criminal and driving record, to be conducted during this application process and periodically thereafter if I am employed by the organization

Signature

Date