**HAWKINS COUNTY**

**EMERGENCY MEDICAL SERVICE**

**Application for Employment**

The Hawkins County EMS is an Equal Employment Opportunity Employer dedicated to a policy of non-discrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, military status, or the presence of any disabilities. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given complete consideration, but its receipt does not imply that the applicant will be employed.

|  |
| --- |
| Applicant Information |
| Last Name |  | First |  | Middle |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Social Security No. |  | Date of Birth |
| GENERAL Information |
| Position Applied For: |
| Earliest Date Available to Interview: |
| Earliest Date Available for Employment: |
| Education |
| High School Diploma or GED? | Diploma [ ]  GED [ ]  | High School: |
| High School Address: |
| Vocational School | YES [ ]  | NO [ ]  | Area of Study: |
| College or University Attended: | City, State: |
| Field of Study: | Credits Received / Hours: | Degree Obtained: |
| College or University Attended: |
| Field of Study: | Credits Received / Hours: | Degree Obtained: |
| College or University Attended: |
| Field of Study: | Credits Received / Hours: | Degree Obtained: |
| If currently a student and expect to remain in school until graduation, enter graduation date: |
|  |
| PRIOR APPLICATION / EMPLOYMENT |
| Have you ever applied for a job with the Service in the past? YES [ ]  NO [ ] If yes, please give the date of application, position applied for, and state your name at that time, if different from present name. |
| Have you ever been employed with the Service in the past? YES [ ]  NO [ ] If yes, please give the dates of employment, position(s) held, and state your name while employed, if different from present name. |

Form 10.06

Revised: 08/24/18

**YOU MAY NOT SUBMIT A RESUME IN LIEU OF COMPLETING THIS WORK HISTORY**

Describe your work history below, beginning with your current or most recent job. Include military and/or volunteer experience. If you worked for the same employer but at various times / held different jobs, describe each separately. Describe in **DETAIL** the **SPECIFIC DUTIES** beginning with your primary duties (attach additional sheets, if necessary). A resume may be attached **ONLY** as additional information. If duties varied widely in one job, give percentages of time for each duty. Indicate the number and types of employees under your **SUPERVISION**. (Emphasize work you feel relates to the job for which you are applying.) Failure to give complete and detailed information regarding each job held may result in your disqualification.

|  |
| --- |
| WORK HISTORY |
| Current or Last Employer | Phone ( ) |
| Address | Supervisor |
| Job Title |  | From (Month/Year) | To (Month/Year) |
| Responsibilities |  |
|  |
| Starting Salary | Ending Salary | Reason for Leaving |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Current or Last Employer | Phone ( ) |
| Address | Supervisor |
| Job Title |  | From (Month/Year) | To (Month/Year) |
| Responsibilities |  |
|  |
| Starting Salary | Ending Salary | Reason for Leaving |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Current or Last Employer | Phone ( ) |
| Address | Supervisor |
| Job Title |  | From (Month/Year) | To (Month/Year) |
| Responsibilities |  |
|  |
| Starting Salary | Ending Salary | Reason for Leaving |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Current or Last Employer | Phone ( ) |
| Address | Supervisor |
| Job Title |  | From (Month/Year) | To (Month/Year) |
| Responsibilities |  |
|  |
| Starting Salary | Ending Salary | Reason for Leaving |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| LICENSES / CERTIFICATIONS |
| List any professional licenses or certifications that you hold: |
|  |
|  |
| relatives that work for the service |
| List any relatives employed by the Service. |
|  Name Relationship Division Position |
| 1. |
| 2. |
| other information |
| Do you have any experiences from your military service that would be relevant to the job YES [ ]  NO [ ] for which you are applying? If yes, please explain: |
| Do you have any commitments to another employer that might affect your employment YES [ ]  NO [ ] with the Service? If yes, please explain: |
| If hired, can you furnish proof that you are eighteen (18) years of age? YES [ ]  NO [ ]  |
| If hired, can you furnish proof that you are eligible to work in the United States? (If unsure YES [ ]  NO [ ] of the documents needed to prove eligibility to work in the United States, we will be happy to explain the legal requirements.) If no, please explain: |
| Have you been convicted of a crime (felony or misdemeanor) or released on probation or YES [ ]  NO [ ] released from a federal, state, or local detention facility on the past? Note: A yes answer may not automatically disqualify you from employment. If yes, please explain fully: |
| Are you presently charged with a pending criminal charge (have you been charged with a YES [ ]  NO [ ] crime that has not yet resulted in a plea of guilty, court trial, or a dropping of the charge)?Note: A yes answer may not automatically disqualify you from employment. If yes, pleaseexplain fully: |
| Military Service |
| Branch |  | Date Entered: | Date Discharged: |
| Rank at Discharge |  | Type of Discharge |  |
| If other than honorable, explain |  |
|  |
| references |
| List three (3) individuals who are not related to you and who have knowledge of your qualifications for the position for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors listed under Work History. Do not list the name of your minister or religious / spiritual leader. |
|  Full Name Years Known Occupation Address Phone |
| 1. |
| 2. |
| 3. |

**IMPORTANT**

Please Read Carefully and Initial Each Paragraph Before Signing

By my signature and initials placed below, I state that the information provided in this employment application (and accompanying

resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from

further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I

agree to immediately notify the Service if I should be convicted of a felony or any crime involving dishonesty or a breach of trust

while my job application is pending, or during my employment, if hired.

 \_\_\_\_\_\_\_\_\_\_\_ Initials

I authorize the investigation of all statements contained in this application (any accompanying resume, if any). I authorize the Service

to contact my present employer (unless otherwise noted in this application form), past employers, and listed references.

 \_\_\_\_\_\_\_\_\_\_\_ Initials

I understand that the Service may request an investigative consumer report that includes information as to my character, general

reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal

interviews with my neighbors, friends, relatives, former employers, schools, and others. I understand that under the Federal Fair

Credit Reporting Act I have the right to make a written request to the Service, within a reasonable time, for the disclosure of the

name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the

investigation.

 \_\_\_\_\_\_\_\_\_\_\_ Initials

I authorize any person, school, current employer (except previously noted), past employers(s), and organizations named in this

application form (and accompanying resume, if any) to provide the Service with relevant information and opinion that may be useful

to the Service in making a hiring decision, and I release such persons and organizations from any legal liability in making such

statements.

 \_\_\_\_\_\_\_\_\_\_\_ Initials

I give permission for a complete post-offer employment physical examination and drug screening, and I consent to the release to

the Service of any and all medical information as may be deemed necessary by the Service in judging my capability to do the work

for which I am applying.

 \_\_\_\_\_\_\_\_\_\_\_ Initials

I understand that if my employment is terminated by the Service for dishonesty, breach of trust, or any criminal acts the authorities

may be notified and I may be criminally prosecuted.

 \_\_\_\_\_\_\_\_\_\_\_ Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, **MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME**, and may, regardless of the date of payment of my wages or salary,

**BE TERMINATED AT ANY TIME**. I understand that **NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS**

**MENTIONED IN THIS EMPLOYMENT APPLICATION FORM**.

 \_\_\_\_\_\_\_\_\_\_\_ Initials

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS APPLICATION WILL REMAIN ACTIVE FOR ONE YEAR**

Form 10.06

Revised: 11/06/2023