

Eastern Wake EMS INC. MEMBERSHIP/EMPLOYMENT APPLICATION

Notice to Applicant: We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, citizenship, mental or physical disability or any other characteristic.

Personal Information (please print/type)

Full Legal Name: _____
Last First M

Mailing Address: _____
City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ Other:(____) _____

Email address: _____

Are you over 18 years of age? ___Yes ___No If not, can you provide proof of your eligibility to work? ___Yes ___No

POSITION INFORMATION (Please print/type)

Position applied for ___ Volunteer ___ Part time Position title: _____
___ Paid ___ Full time

Have you worked for this organization in the past? ___ If so, list dates: _____

Prior position: _____ Reason for leaving: _____

EDUCATION

Highest level completed: ___HS/GED ___ Associate Degree ___ Bachelor Degree ___ Master Degree

Last High School or GED School attended: _____ Dates _____

Colleges and Universities attended. (Do not attach a copy of transcript unless requested.)

Name: _____ Major _____ Degree Received _____ Year _____

Name: _____ Major _____ Degree Received _____ Year _____

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

EMPLOYMENT HISTORY

Starting with the most recent, describe ALL paid and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

Are you employed? _____ **If yes, may we inquire of your present employer?** _____

(1) Employer _____ Date of Employment _____ to _____

Job Title _____ Immediate Supervisor _____ Phone(____) _____

Address _____

City

State

Zip

Duties _____

Reason for Leaving _____

(2) Employer _____ Date of Employment _____ to _____

Job Title _____ Immediate Supervisor _____ Phone(____) _____

Address _____

City

State

Zip

Duties _____

Reason for Leaving _____

(3) Employer _____ Date of Employment _____ to _____

Job Title _____ Immediate Supervisor _____ Phone(____) _____

Address _____

City

State

Zip

Duties _____

Reason for Leaving _____

(4) Employer _____ Date of Employment _____ to _____

Job Title _____ Immediate Supervisor _____ Phone(____) _____

Address _____

City

State

Zip

Duties _____

Reason for Leaving _____

NORTH CAROLINA CERTIFICATIONS (CHOOSE YOUR HIGHEST LEVEL OF CERTIFICATION)

OTHER MR EMT EMT-I EMT-P

Date certified: _____ Expiration Date: _____

NCOEMS License # (P#): _____ Currently In Class? YES NO

Level Pursuing: _____ Expected Test Date: _____

Check the following certifications that apply to you:

BTLS ACLS PALS BCLS HAZMAT

PERSONAL BACKGROUND INFO

Have you ever been convicted of a crime/violation: YES NO

Date: _____ Disposition: _____

Date: _____ Disposition: _____

North Carolina Drivers License# _____ Expiration Date: _____

REFERENCES

Please list 2 **business** references and 2 **personal** references (*please do not include relatives*)

Name _____ Address _____ Phone(____) _____

Relationship _____

Name _____ Address _____ Phone(____) _____

Relationship _____

Name _____ Address _____ Phone(____) _____

Relationship _____

Name _____ Address _____ Phone(____) _____

Relationship _____

Other Qualifications

Job related training courses (give title and year). Job related skills (other languages, computer skills, etc.) Job related certificates and licenses (current only). Job related honors, awards and special accomplishments.

EMERGENCY CONTACT

In the event of an emergency, who should we contact?

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

ACKNOWLEDGEMENT (Please read carefully)

I hereby certify that the information contained in this application, and in any of the attachments (hereafter made a part of this application), are true and correct to the best of my knowledge, and I agree to have any of the statements checked by the organization, unless I have indicated contrary. I authorize the references listed above to provide the organization with any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the organization, as well as from the use or disclosure of such information, by the organization or any of its agents, employee, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or if I am hired/accepted for membership, in my dismissal from employment/membership.

Applicant's Signature: _____ Date: _____

(For Office Use Only)

Received: _____ Received by: _____

Background Investigation Completed: ___yes ___no By: _____

Comments: _____
