

INSTRUCTIONS FOR COMPLETING APPLICATION

1. **Drug Testing**: A drug screen is required during the application process. Testing is performed at an off site medical office to be determined by Eastern Wake EMS. You will need some type of identification and the completed consent form enclosed with this application.
2. **Criminal History**: Go to the Clerk of Court in the county of your residence to obtain. Also obtain a criminal history from the Clerk of Court for each county that you have lived in for the past 10 years.
3. **Driving History**: Go to the DMV in the county of your residence. This will cost you approximately \$10.00 and must be a certified copy.
**** Insurance requirement****
4. **Certifications**: Submit a copy of any certification that you may have and a copy of your drivers license.
5. **Personal References**: On the application please do not include relatives, either by blood or marriage, as personal references. References will be checked.
6. **Medical Records**: Submit written proof of immunity for Chickenpox, Measles, Mumps, and Rubella. Submit any previous TB skin test results and records of HBV immunization. **** OSHA requirement****

The items above must be submitted with application in order for application to be considered.

Please allow 1-2 weeks for processing of application and scheduling of interview.

**Thank you for considering employment
with Eastern Wake EMS!**

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: _____ Social Security #: _____

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 _____

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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: _____

Chemical Screening, Informed Consent & Release of Liability Form

For Eastern Wake EMS INC.

Urine Specimen

You will be directed to provide a urine specimen in sufficient quantity to perform the drug screen. The drug screen will be carried out by an off site medical facility as specified by Eastern Wake EMS and will include testing for the following controlled substances: barbiturates, benzoylcegonine-cocaine metab, benzodiazepines, methadone, opiates, phencyclidine, propoxyphene, marijuana, and amphetamines.

Consequences of Refusal To Be Tested, Attempt To Substitute a Sample, or a Positive Test

You understand that the department will withdraw any offer of membership/employment made to you if you refuse to be tested, attempt to substitute a urine sample, or are found to have a positive drug screen.

Medical Questionnaire

Please list below all prescription and non-prescription drugs used in the past thirty (30)days, as these may affect the accuracy of the drug screen. Please be sure to include all prescription and non-prescription medications. Please provide the names and addresses of all physicians who have prescribed any of the medications listed below during this period. You hereby authorize the Director and or Assistant Director of Eastern Wake EMS to contact your physician, if necessary to determine the cause of a positive test result.

List of medicines taken in the last thirty (30) days (list strength and dose if known and reason for use)

Physicians (list address and phone number)

I have read and understand the Consent for drug screening. The information I have provided in this form is accurate to the best of my knowledge and may be verified by the Director. The department may withdraw any offer of membership/employment I have received if I have deliberately misrepresented or omitted any information on this form.

VERIFICATION AND CONSENT

I hereby consent to provide urine specimens and consent to the testing of the specimens. I authorize the release of the test results to the Director / Assistant Director of Eastern Wake EMS.

Print Subject's Name

Signature

Date

WAKE COUNTY EMS SYSTEM PERSONNEL DATA FORM

PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT

Date Form Completed: ____ / ____ / ____ Form Completed By: _____

Status: New Member Update Existing Member Remove a Member From Our Department

Last Name _____ MI _____ First Name _____

Name Suffix: Jr II III Other: _____ Sex: Male Female Date ____ / ____ / ____

Primary Shift: Full time Part-time Administrative Volunteer Wake County ID#: _____

Race: White Black Hispanic Asian American Indian/Eskimo Other: _____

Circle Highest Education Level: <9 9 10 11 12 13 14 15 16 17 18 19 20 20+

NCEMS P-Number: **P** _____ Date of Birth: ____ / ____ / 19____

Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Driver's License # _____ State: _____ Expiration Date: ____ / ____ / 20 ____
Home Phone: _____ - _____ Work Phone: _____ - _____
Cell Phone: _____ - _____ Other Phone: _____ - _____
E-mail address: _____

NC EMS Certification: None MR EMT EMT-I EMT-P EMD

NOTE: Credentialed personnel MUST Submit a Copy of Your Current NC Certification.

Current Certification Expiration Date: ____ / ____ / 20 ____ Initial Certification Date Current Level: ____ / ____ / ____

Department: _____ Affiliation Date (If New Member) ____ / ____ / ____

Is This Your PRIMARY Wake County Affiliation: Yes No

LIST ANY WAKE COUNTY PUBLIC SAFETY DEPARTMENTS WITH WHICH YOU ARE CURRENTLY AFFILIATED OR HAVE BEEN AFFILIATED WITH IN THE PAST: _____

*****To Be Completed By Ambulance Personnel Only *****

Have you been through Wake County System Entry? Yes No

At what level are you approved to practice in Wake County? _____

Official Use Only

NCOEMS PreMIS Registration Information (www.premis.net)
Provider Name: <u>Wake County EMS</u>
Type of user: <input checked="" type="checkbox"/> Basic <input type="checkbox"/> Administrator
PreMIS Coordinator Signature (Required) _____