



SAN MARCOS HAYS COUNTY EMS APPLICATION FOR EMPLOYMENT



San Marcos Hays County EMS (SMHC EMS) considers applications for employment without regard to race, religion, color, sex, age, pregnancy, national origin, disability, veteran or family status, sexual orientation, or gender identity or any other status or condition protected by applicable federal, state, or local laws..

-SMHC EMS IS A DRUG-FREE WORKPLACE-

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: __/__/____
 (Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Other Telephone Number: (____) _____

Are you at least 18 years of age? YES NO Date Available to Start: _____

Hours Requested: Full Time Part Time

How did you find out about this position? _____

Do you have any relatives or friends working here? YES NO

If so, Please List: _____

POSITION INFORMATION

Position(s) Applying For: PARAMEDIC EMT-INTERMEDIATE EMT-BASIC

Have you ever worked for this organization? YES NO

If so, date(s): _____ Prior position(s) here: _____

Reason(s) for leaving: _____

CERTIFICATION INFORMATION

(List only current certifications – photocopies required upon hire)

Certification	Certification Number	Expiration Date	Instructing Agency / Certifying Organization
CPR			
EMT/EMT-P Level: _____			
National Registry			
PALS			
ACLS			
BTLS			
EMS			
CDL			
OTHER: _____			

BACKGROUND INFORMATION

(Additional documentation may be required prior to hire)

Can you provide proof, if hired, that you are eligible to work in the U.S? YES NO

Do you have a valid Driver’s License? YES NO Class: _____

Issued by what state? _____ Driver’s License #: _____

List all moving violations (convictions) and accidents in the last five years: _____

Have you ever been convicted, pled guilty, or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended? YES NO

If yes, explain: _____

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain: _____

A conviction will not necessarily disqualify you from employment.

Are you able to perform the essential functions of the job, with or without reasonable accommodations? YES NO

EMPLOYMENT HISTORY
(List your last three employers or volunteer activities, starting with the most recent.)

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact them? YES NO

Reason for leaving: _____

II.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact them? YES NO

Reason for leaving: _____

III.

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employer's Telephone #: _____ May we contact them? YES NO

Reason for leaving: _____

MILITARY:

BRANCH OF SERVICE	DATE BEGAN	DATE ENDED	RANK & DUTIES	DATE DISCHARGED	LOCATION

Explain any gaps in employment: _____

PAST EMPLOYMENT

Have you ever been:

- Placed on probation or terminated for excessive absenteeism? YES NO
- Disciplined or fired for insubordination? YES NO
- Disciplined or fired for violation of safety rules? YES NO
- Disciplined or fired for assault or fighting? YES NO
- Disciplined or fired for harassment? YES NO
- Disciplined or fired for patient abuse? YES NO
- Disciplined or fired for alcohol or drug related activity at work? YES NO

If you answered yes to any question above, please explain: _____

Answers of Yes for any of the above questions will not necessarily disqualify you from employment.

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ Address: _____
Years completed: _____
Did you graduate? YES NO
If not, highest grade completed: ____ Have you received your GED? YES NO

COLLEGE:

Name: _____ Address: _____
Years completed: _____
Did you graduate? YES NO
Degree: _____ Major: _____ Minor: _____

OTHER COLLEGE:

Name: _____ Address: _____
Years completed: _____
Did you graduate? YES NO
Degree: _____ Major: _____ Minor: _____

TECHNICAL SCHOOL:

Name: _____ Address: _____
Years completed: _____
Did you graduate? YES NO
Certificate: _____ License: _____
Expires: _____ Expires: _____

OTHER SCHOOL/TRAINING

Name: _____ Address: _____
Years completed: _____
Did you graduate? YES NO
Certificate: _____ License: _____
Expires: _____ Expires: _____

OTHER: _____

EMS/FIRE SERVICE RELATED TRAINING: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment): _____

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

REFERENCES

List **three** persons, other than relatives, who have knowledge of your EMS work experience and/or education.

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
Occupation: _____
Years Known: _____
Telephone Number (including area code): _____

List **two** personal references that have known you for at least three years outside work.

Name: _____ Address: _____
How they know you: _____
Years Known: _____
Telephone Number (including area code): _____

Name: _____ Address: _____
How they know you: _____
Years Known: _____
Telephone Number (including area code): _____

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug-screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the company as a condition of my employment, and I hereby give my consent to release of all information which the company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this company.

I hereby authorize the company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including criminal history check, driving history check, child abuse clearance check, credit history and other such inquiries. I release the company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with the company may be terminated.

Applicant's Signature: _____ Date: _____

Printed Name: _____