



# Putnam County Emergency Medical Services Employment Application

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Date of application: \_\_\_\_\_ Position for which you are applying: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Applicant Questionnaire

Desired Work: Full Time Part Time

Are You Employed Now? Yes No If so, may we inquire with your present employer? Yes No

If no, Provide explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied with Putnam County Emergency Medical Services before: Yes No

If so, when:

If employment is offered, what date are you available to start:

An affirmative response to the below is not necessarily a bar to employment.

YES NO

1. Are you legally authorized to work in the United States?
2. Do you have a valid drivers license?
3. Have you ever been convicted of a traffic violation?
4. Have you ever been convicted of a misdemeanor?
5. Have you ever been convicted of a felony?
6. Are you currently under any pending criminal charges?

If you checked "yes" to any question numbered 3 through 6, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Are you willing to work the following:

24-hour shifts: Yes    No

Weekends:                      Yes              No

Holidays:              Yes      No

Scheduled overtime: Yes    No              Unscheduled overtime:    Yes              No

## EDUCATION

	Name and address of school	Course of Study	Years Completed	Diploma / Degree
High School / GED				
College or University				
Graduate School				
Technical or Vocational School				
Other (Specify)				

## Specialized Skills / Certifications

Specialized Skills
What skills or additional training do you have that are related to the job for which you are applying?
What machines or equipment can you operate that are related to the job for which you are applying?
Please describe your experience and knowledge of charting software.
State any additional information about your skills which you feel may be helpful to us in considering your application.



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## CERTIFICATIONS

Do you currently possess a valid Emergency Medical Certification (State/National)?

State: \_\_\_\_\_ National: \_\_\_\_\_

Do you currently possess a valid Cardio-Pulmonary Resuscitation (CPR) certificate? If so, please attach a copy. If you do not have one, have you taken any steps to obtain one?

Has your certification ever been suspended and why?

## Military

Branch of Service	Rank	Dates of Service	Type of Discharge

**Employment History** List below your last four employers, starting with the most recent one.

Employment Dates	Name and Address	Phone Number	Reason for Leaving
From  To			
From  To			
From  To			
From  To			



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**REFERENCES** List one personal, one professional, and one previous supervisor that you have known more than one year, that we may contact.

Name	Address	Phone Number	Relationship	Years Known

## CERTIFICATION AND AUTHORIZATION

**Please read carefully, initial and sign if in agreement therewith.**

\_\_\_\_\_ I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application may cause me not to be hired or, if hired, may cause my dismissal regardless of when discovered by the employer.  
(Initial Here)

\_\_\_\_\_ If I am offered employment, I authorize the employer to conduct a thorough background check including, but not limited to, my criminal and driving history, and I authorize my references and former employers to disclose any information regarding my employment history, character and general reputation, without giving me prior notice of the disclosure. I release the employer, any former employers, all references listed above and any law enforcement or governmental agency that assists in conducting my background check from any and all claims, demands or liabilities arising out of or related to the investigation or disclosure.  
(Initial Here)

\_\_\_\_\_ If I am offered employment, I agree to submit to a drug/alcohol test, and a medical examination if applicable, before starting work. If employed, I also agree to submit to medical examinations and drug/alcohol testing at any time deemed appropriate by the employer as permitted by law. I authorize and consent to the release of the test results of the examinations to the employer. I understand that my employment or continued employment is contingent upon satisfactory medical examinations and drug tests, to the extent permitted by law.  
(Initial Here)

\_\_\_\_\_ I understand that completing this form does not create an employment contract and does not indicate that there is a position open. Further, I understand that if hired, I will be an at-will employee whose term of employment is not fixed and may be terminated at any time, with or without cause, at the option of myself or the employer.  
(Initial Here)

\_\_\_\_\_ (Printed Name)                      \_\_\_\_\_ (Signature)                      \_\_\_\_\_ (Date)