

Application for Employment

**Greenbrier County Emergency Ambulance Service**

257 Third Street, Fairlea, WV 24901

\*This application will be discarded after 90 days if all necessary documents have not been turned in. This information is completely up to the applicant to be turned in. Must fill in all areas.

Name: (Last, First, Middle)

Social Security #

Date

\_\_\_\_\_

Address: (Street, City, State, Zip)

\_\_\_\_\_

Business Phone: ( ) \_\_\_\_ - \_\_\_\_ Home: ( ) \_\_\_\_ - \_\_\_\_ Cell: ( ) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Position Applying For: [ ] Full-time [ ] Part-time

- Are you legally eligible for Employment in the United States? [ ] YES [ ] NO
- Are you over 18 years old? [ ] YES [ ] NO
- Have you ever been arrested, indicted, or convicted of a crime in the last 10 years?  
[ ] YES [ ] NO
- Have you ever been subject to any limitation or restriction of an EMS or other healthcare provider certificate or license? [ ] YES [ ] NO
- Have you ever been excluded from federal or state healthcare reimbursement programs? [ ] YES [ ] NO

If yes to any of the above questions, please explain in full. (Conviction record will not necessarily bar applicant from employment).

**PHYSICAL LIMITATIONS**

- Are you able to perform the essential functions of the position for which you are applying?  YES  NO

If No, Please explain. (This will not necessarily bar applicant from employment)

---

**MILITARY EXPERIENCE**

Complete if you served in the US Armed forces

Describe your duties and any special training

---

**EDUCATION**

<u>SCHOOL</u>	<u>NAME AND LOCATION</u>	<u>DID YOU GRADUATE</u>	<u>DEGREE/DIPLOMA</u>
---------------	--------------------------	-------------------------	-----------------------

**HIGH**

**COLLEGE**

**OTHER**

---

**DRIVING HISTORY**

This section is to be completed only by applicants who, if hired or becomes a member, would be operating company vehicles. Please attach a DMV driving record. (You may obtain this at the WV DMV office)

- Have you been involved in any motor vehicle accidents while driving in the past 3 years?  YES  NO
- Do you have any restrictions on your driver’s license at present?  YES  NO
- Do you currently hold a valid driver’s license?  YES  NO

If so, what state \_\_\_\_\_ License # \_\_\_\_\_ expires: \_\_\_\_\_ please attach a copy with application.

- Have you been convicted of any moving violations with the last five years?  YES  NO

If the answers to any of these questions are” YES”, please explain below including appropriate details.

**REFERENCES**

List three (3) character references with names and addresses. DO NOT use family members.

NAME	ADDRESS	PHONE

I hereby authorize the Greenbrier County Emergency Ambulance Service and/or its authorized agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application for Employment and/or obtaining other information which is material to my qualifications for employment.

I release the Greenbrier County Emergency Ambulance Service and/or its authorized agents which obtain information, and any person or entity which provides information, pursuant to this authorization from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that, if I am dismissed for any of the above reasons, I will be paid only through the day of me release, if classified as a paid employee.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name:  
Printed \_\_\_\_\_

Other names currently or previously used \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

The Greenbrier County Emergency Ambulance Service is an affirmative Action/Equal Opportunity employer and encourages applications from all protected classes.

## EMPLOYMENT HISTORY

Please give accurate, complete, full-time and part-time employment information. Start with present or most recent employer. If necessary, continue on separate sheet.

---

Company Name	Telephone
Address	Employed (Month and Year) From _____ To _____
Name of Last Supervisor	Weekly Pay: Start _____ Last _____
State job title and describe your work	Reason for leaving

---

Company Name	Telephone
Address	Employed (Month and Year) From _____ To _____
Name of Last Supervisor	Weekly Pay: Start _____ Last _____
State Job Title and Describe your work	Reason for leaving

---

Company Name	Telephone
Address	Employed from (Month and Year) From _____ TO _____
Name of Last Supervisor	Weekly Pay: Start _____ Last _____
State Job Title and Describe your work	Reason for leaving

**Certifications**

Certification numbers, expiration dates, and copies of current certificates must be attached to application.

CPR (type) \_\_\_\_\_ Expires: \_\_\_\_\_

Emergency Medical Vehicle Operator: State #: \_\_\_\_\_ Expires: \_\_\_\_\_

Emergency Medical Responder: State # \_\_\_\_\_ Expires: \_\_\_\_\_

EMT: State # \_\_\_\_\_ Expires: \_\_\_\_\_ National # \_\_\_\_\_ Expires: \_\_\_\_\_

Advanced Care Technician: State # \_\_\_\_\_ Expires: \_\_\_\_\_

Paramedic: State # \_\_\_\_\_ Expires: \_\_\_\_\_ National # \_\_\_\_\_ Expires: \_\_\_\_\_

Mobile Critical Care Paramedic or Nurse: State # \_\_\_\_\_ Expires: \_\_\_\_\_

Other certification (ACLS, PHTLS, PALS, PEPP, BTLs, CPR Instructor, etc):

Name	Level	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FOR PERSONNEL COMMITTEE USE ONLY: INITIAL ACTION**

---

Date Interviewed \_\_\_\_\_ by whom: \_\_\_\_\_

Recommend for Probationary Employment:  Yes Beginning \_\_\_\_\_

Do not recommend for probationary employment:  No

Comments \_\_\_\_\_

Signature of Personnel Committee

Chairperson \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY: FINAL ACTION**

Employee hired full time \_\_\_\_\_ Part-time \_\_\_\_\_ on (DATE) \_\_\_\_\_

At a salary of \$ \_\_\_\_\_.\_\_ hourly or \$ \_\_\_\_\_.\_\_ yearly

Comments:

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

Administrators Signature \_\_\_\_\_

Medical Directors Signature \_\_\_\_\_

---

# DISCLOSURE

**DISCLOSURE - Must be a clear and conspicuous written disclosure to the consumer before the report is obtained, in a document that consists solely of the disclosure. Sample language is shown below:**

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, , criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

# AUTHORIZATION TO RELEASE INFORMATION

I, _____ Last Name	_____ First Name	_____ Middle Name
_____		_____
Current Address		Dates Lived Here
_____		_____
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
_____		_____
_____		_____
_____		_____
_____	_____	_____
Date of Birth	Other Names Used (including maiden name)	Years Used
_____	_____	_____
_____	_____	_____
Social Security Number	Driver's License #	State

\_\_\_\_\_  
Email address (may be used for official correspondence)

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **HRS**, to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **HRS** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **HRS** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

\*\*I hereby do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request HRS-Verified Person, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **HRS**, has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

_____	_____	_____
Printed Name	Applicant Signature	Date



**DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.**