

Hiring Package

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status

PRE-APPLICATION OF EMPLOYMENT

Company Name: _____

Company Corporate Location: _____

POSITION APPLYING FOR: _____ APPLICATION DATE: _____

STATION YOU ARE APPLYING AT: _____ STATION REGION: _____

PERSONAL INFORMATION

First Name Middle Initial Last Name

Current Address:

Street and Apt. # City State Zip Code

Social Security #: _____ - - D.O.B.: _____

Telephone: _____ Cell Phone: _____

E-mail: _____

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:

Yes **No**

If applicable, please list your visa type, visa # and expiration: _____

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EMERGENCY CONTACT INFORMATION:

PRIMARY CONTACT

Name: _____ Relationship: _____

Employer: _____ Phone: _____

SECONDARY CONTACT

Name: _____ Relationship: _____

Employer: _____ Phone: _____

Driving Record

License Number: _____ Expiration Date: _____ State: _____

Infractions - Go back 10 Years

1. _____

2. _____

3. _____

4. _____

5. _____

Have you ever been convicted of a misdemeanor? **Yes** **No**

If you answered yes, please explain:

Have you ever been convicted of a felony? **Yes** **No**

If you answered yes, please explain:

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CERTIFICATIONS:

Please Check All That Apply

- EMT-B Certification Number: _____ Expiration Date: _____
- EMT-E Certification Number: _____ Expiration Date: _____
- EMT-CT Certification Number: _____ Expiration Date: _____
- EMT-I Certification Number: _____ Expiration Date: _____
- EMT-P Certification Number: _____ Expiration Date: _____
- E.V.O.C.-Level of Certification: _____ Expiration Date: _____
- Defensive Driving Association: _____ Expiration Date: _____
- First Aid Association: _____ Expiration Date: _____
- C.P.R. – Association: _____ Expiration Date: _____
- B.T.L.S. Association: _____ Expiration Date: _____
- I.T.L.S. Association: _____ Expiration Date: _____
- A.C.L.S. Association: _____ Expiration Date: _____
- P.A.L.S. Association: _____ Expiration Date: _____
- P.E.P.P. Association: _____ Expiration Date: _____

EMS Affiliations:

Present or Most Recent to Prior

Department/Company _____ Starting Date: _____ Ending Date: _____

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Department/Company _____ Starting Date: _____ Ending Date: _____

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EMPLOYMENT HISTORY:

Present or Most Recent Employer

Employer: _____ Address: _____
Supervisor Name: _____ Phone # _____
Your Position: _____ Salary: _____
Duties: _____
Dates of Employment: _____ to _____
Supervisor: _____ May we contact? Yes No
Name Title
Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____
Your Position: _____ Salary: _____
Supervisor's Name: _____ Phone # _____
Duties: _____
Dates of Employment: _____ to _____
Supervisor: _____ May we contact? Yes No
Name Title
Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____
Supervisor's Name: _____ Phone # _____
Your Position: _____ Salary: _____
Duties: _____
Dates of Employment: _____ to _____
Supervisor: _____ May we contact? Yes No
Name Title
Reason for leaving: _____

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EDUCATION

High School

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

Technical or Vocational School

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

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POSITION INFORMATION:

Position Specifications

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends? Yes No

Are you willing to travel for the job? Yes No

When would you would you be able to start? _____

Skills

Please describe any skills you have in the following areas:

Computer: _____

Languages Spoken (other than English):

Other:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ **Date** _____

