

**APPLICATION
FOR
EMPLOYMENT
Parke County EMS & Transportation Service**

APPLICATION AND PERSONNEL HISTORY STATEMENT

General Instructions: Hand print or type an answer to every question. Do not leave a question blank. If a question does not apply to you, so state with "N/A". If space available is insufficient, turn the back page over and write on the blank surface--proceed each answer with the number of the question being answered or referred to. Do Not Misstate or Omit Material. All information made herein is subject to verification. **Current copies of all Pertinent Certifications, Drivers License, Social Security Card, Department of Motor Vehicles Check, and Limited Criminal History Must Accompany the Return of this Application for Processing!**

<u>Date</u>	<u>Type of Employment</u>		<u>Position you are applying for:</u>	
	Full Time	Part Time	EMT AEMT Paramedic	Clerical EMR
1. <u>Last Name</u>	First Name		Middle Name	
2. <u>Alias(es), Maiden Names, Nicknames, Other changes in name.</u>				
3. <u>Present Address</u>		City	State	Zip
4. <u>Home Phone</u> ()	5. <u>Day Phone</u> ()		6. <u>Social Security Number</u>	
7. <u>Date of Birth (m-d-y)</u>	8. <u>Place of Birth (city, county, state)</u>			
9. <u>Driver's License Number</u>	License State		Expiration Date	
10. <u>PSID Number</u>	11. <u>Year First Certified</u>		12. <u>Renewal Date of Certification</u>	



13. Education

<u>High School Graduated From</u>	<u>City / State</u>	<u>Any Special Courses</u>

List information below for all Colleges and Universities, Trade, Military, Vocational, Business Schools, etc. attended.

<u>Name/City/State</u>	<u>Major/Minor/Other</u>	<u>Degree and Year</u>

14. Employment: Begin with your current or most recent job and list your work history for the past ten years, including part-time, temporary and seasonal work. Include the name of your immediate supervisor, your job title, what your job duties included and the reason why you left.

Name & Address of Company	From	To	Reason for Leaving	Name of Supervisor
Describe Job Responsibilities:				
Phone#:				
Name & Address of Company	From	To	Reason for Leaving	Name of Supervisor
Describe Job Responsibilities:				
Phone#:				
Name & Address of Company	From	To	Reason for Leaving	Name of Supervisor
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Name & Address of Company	From	To	Reason for Leaving	Name of Supervisor
Describe Job Responsibilities:				
Phone#:				
Name & Address of Company	From	To	Reason for Leaving	Name of Supervisor
Describe Job Responsibilities:				
Phone#:				

- 15. Character References:** (Do not include relatives or persons living outside the United States). List only character references who have definite knowledge of your **Qualifications and fitness for the position.** List three references.

Name	Years Known	Address, City, State	Day Phone
			-(____)_____
			-(____)_____
			-(____)_____

- 16. Foreign Language:** If you can speak and understand a foreign language, please list the Languages and rate your level of proficiency.

- 17. Other Special Qualifications and Skills:** Please indicate any type of special license or certification (ie. CPR, ACLS, PHTLS, PALS, PEPP, radio operator, etc.), showing the license authority, where the license was issued, and of expiration (do not include a vehicle operator's license).

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Signature of Applicant

Email Address of Applicant:

To applicant: **READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED-OFF**

AREA. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

DO NOT ANSWER ANY QUESTION CONTAINED IN THIS BLOCKED-OFF AREA UNLESS THE EMPLOYER HAS CHECKED THE BOX NEXT TO THE QUESTION, thereby indicating that for the position for which you are applying the requested information is needed for a legally permissible reason, including, without limitation, national security requirements, affirmative action, a bona fide occupational qualification of business necessity

☒ Are you over the age of eighteen? _____ If no, hire is subject to verification that you are of minimum legal age.

☐ Sex: M _____ F _____ Height: _____ ft. _____ in. Weight: _____ lbs.

☒ Are you a citizen of the U.S.A.? _____

☒ Are you eligible to be bonded? _____

Military Status

☐ Have you ever served in the U.S. Armed Services? _____

☐ If yes, then what was the type of your discharge? _____

☐ While in the military service, were you ever arrested for an offense which resulted in a trial by Deck Court, or by Summary, Special or General Court Marshall? _____
If yes, then give date, place, law enforcing authority or type of court or court marshal, charge, and action taken for each incident, writing on the back of this application.

☐ Are you presently a member of the U.S. Reserve, National, or State Guard? _____

Arrests, Detention, Litigation

☒ Have you ever been arrested by a law enforcement agency? _____

☒ Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, the past seven years which has not been annulled or expunged or sealed by a court? _____. If yes, explain on the back of this page.

☐ Have you (or your present spouse) ever been involved in any court action, civil or criminal? _____ If yes, explain on the back of this page.

**APPLICANT - Do not write on this page
FOR INTERVIEWER'S USE**

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

Tests Administered	Date	Score	Rating	Comments

REFERENCE CHECK

Reference Used	Results of Reference Check

Completion Check List

When you have completed this application, please return it to Parke County EMS in one of the following manners:

1. Return in person to the EMS office located at 110 E High Street Rockville, IN 47872
2. Mail Application to Parke County EMS at 395 Parkway Dr Rockville, IN 47872
3. Email Application to jlazone@parkecounty-in.gov

- ☐ Application is completed in full and signed
- ☐ A copy of current and valid Driver's License is attached
- ☐ A copy of social security card is attached
- ☐ A copy of limited criminal history background check is attached (available online through IN.gov)
- ☐ A copy of driving history is attached (available at mybm.com for free)
- ☐ An updated resume is attached
- ☐ Copies of State Certification, valid CPR, and any other pertinent certifications are attached