

Approved for:
 Full-time
 PRN/On Call
Approved By: _____

COUNTY OF SCURRY



EMS DIVISION

SCURRY COUNTY EMS EMPLOYMENT APPLICATION

**Scurry County Emergency Medical Services
Applicant Instructions**

Thank you for your interest in working with our organization. We appreciate your application and look forward to the possibility of your joining our team. This sheet is for your information. Please remove it from this packet and keep it for your reference.

Please complete the application and authorization for release of information forms. **Resumes may be attached.** Please print all information so it may be easily read. Be certain all forms are completely filled out and signed. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Please note the following:

Your application may remain in our active files for a period of one year. Should an appropriate opening occur, your application will be reviewed along with others. It is not necessary for you to contact this office regarding any job openings after you have completed your application. If you are among the most qualified applicants for a position, an interview will be arranged. Please notify us in writing your address or telephone number changes.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training and work experience. Credentials and experience will be verified through schools, former employers and licensing/certification agencies, if applicable.

As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sex, physical or mental disability (unrelated to ability to do the job), or age (as defined by law).

We appreciate your cooperation

SCURRY COUNTY

Emergency Medical Services

PERSONAL INFORMATION

DATE: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____
 LAST FIRST MIDDLE

Present Address: _____
 STREET CITY STATE ZIP

Phone Number: _____ Name/Phone Number to call in Emergency: _____

Are you 18 years or older: Yes () No () Do you smoke? Yes () No ()

Are you either a U.S. Citizen or an alien authorized to work in the United States? Yes () No ()

Have you been convicted of a felony or misdemeanor within the last 5 years? Yes () No ()

If yes, please explain. _____

What foreign languages do you speak fluently? _____ Read _____ Write _____

EMPLOYMENT POSITION DESIRED

() Paramedic () EMT-Intermediate () EMT-Basic () Insurance/Billing () Other _____

Full time () Part time () Date You can start _____ Salary desired _____

For positions, which required shift work, which shift/hours do you desire?

_____ PRN/On Call _____ Days _____ Weekends only
 _____ 12 hour shift
 _____ 24 hour shift _____ Nights

Are you currently employed? Yes () No ()

We routinely contact an applicant's current employer for reference checks.

Would this pose any particular difficulty for you? Yes () No ()

If yes, please explain: _____

Have you ever applied to this company before? () No () Yes, Date ___/___/___

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE? DEGREE OBTAINED	SUBJECTS STUDIED
High School				
College				
EMS School				

PROFESSIONAL LICENSES and/or CERTIFICATIONS

<u>Type & Number</u>	<u>State Issued</u>	<u>Date Issued</u>	<u>Date Expires</u>

Have you ever been in U.S. Military Service Yes () No () if yes, dates:_____ Branch_____

Honorably discharged? Yes () No () Rank at Discharge?_____

Presently Member in National Guard of Reserves? Yes () No ()

Former Employers (List Below last two employers, starting with last one first.)

Current or Last Employer

Name of company:_____ Phone:_____

Address:_____ From:_____ / _____ to _____ / _____

Type of business:_____

Position & Duties:_____

Supervisor:_____

Weekly Starting Salary:_____ Weekly Ending Salary:_____

Reason for leaving:_____

Next Previous Employer

Name of company:_____ Phone:_____

Address:_____ From:_____ / _____ to _____ / _____

Type of business:_____

Position & Duties:_____

Supervisor:_____

Weekly Starting Salary:_____ Weekly Ending Salary:_____

Reason for leaving:_____

Have you ever been terminated from employment? ()Yes () No
If so, please explain:

Do you have your own reliable transposition? ()Yes () No

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

SKILLS: (Please check the skills you currently possess)

<input type="checkbox"/> Filing	<input type="checkbox"/> Ten Key by touch	<input type="checkbox"/> Medical Transcriptions
<input type="checkbox"/> Typing (WPM _____)	<input type="checkbox"/> Payroll	<input type="checkbox"/> Word Processing (WPM _____)
<input type="checkbox"/> Letter Composition	<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Switchboard
<input type="checkbox"/> Shorthand (WPM _____)	<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Insurance Billing
<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Spread Chart	<input type="checkbox"/> Collections
<input type="checkbox"/> Admitting	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Biomedical
<input type="checkbox"/> Data Entry Equipment		

Please use the following space to give us other information about your personal qualities, work style, interpersonal skills, or communication skills, which would assist us in placing you: _____

Driving Information

The following section must be completed if you are applying for a position, which requires the operation of a motor vehicle owned or leased by the company, or you are required to use your own vehicle. (Note: This section applies to ALL EMS applicants)

Driver's License Number: _____ State: _____ Expiration Date: _____

Have you ever had your driver's license suspended and/or revoked? Yes () No ()

If yes, explain: _____

Accident Record

List all accidents in which you are involved as a driver during the preceding 3 years

Date	Nature	Fatalities	Injuries

TRAFFIC VIOLATION RECORD

List all moving violations of which you were convicted or forfeited bond or collateral during the preceding 5 years.

DATE	TYPE	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any answer above is driving while intoxicated or under the influence, please explain. _____

Do you have auto liability insurance? () Yes () No

If yes, who is your Insurance Company? _____

Certification and Consent

I certify that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience, and training on this application.

I voluntarily give Scurry County EMS the right to thoroughly investigate my work, education, and background history. I voluntarily give my former educators and employers the right to release these records in their entirety. I will hold no person or organization liable for giving or receiving information in any investigation.

If employed by Scurry County EMS. I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be the cause for immediate dismissal. I authorize any inquiry to be made on any information contained this application if I am considered for employment.

I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or past manager.

I also understand that my employment is subject to a successful completion of a pre-employment physical to include a drug screen.

I understand that my employment will require certain physical capabilities relating to ability to lift and transport patients and/or objects or to assist other employees in physical tasks. I further understand that my continued employment may be conditioned upon maintaining a favorable health evaluation. If requested. I agree to submit, at any time. To a physical examination, performed by a qualified medical doctor of Scurry County EMS choice and for which such examination shall be paid for by Scurry County EMS. I also agree that all information concerning said physical examination can be supplied to Scurry County EMS, or an authorized agent of this facility, upon their request.

I further understand that his is an application for employment and that no employment contract is being offered: and I understand that if employed, such employment is at-will for an indefinite period and can be terminated by either party with or without notice at any time and for any or no reason, and is subject to change in wages, conditions, benefits and operating policies.

Date: _____

Signature: _____

Physical Information

Have you ever sustained an illness or injury which prevented you from continuing your employment or required you to function in another job or modified your existing job at any time? () Yes () No

If yes, please explain: _____

List all physicians, medical centers, and dates from which you have received treatment for any illnesses or conditions or injuries that you checked "yes" above. _____

IMMUNIZATIONS:

When was your last TB Tine test? ___/___/___ Results: () Negative () Positive

Have you ever had a positive result? () Yes () No

When was your last tetanus shot? ___/___/___

Have you been vaccinated against Hepatitis B? () Yes () No

I certify that all the information on this evaluation is complete, true and correct to the best of my knowledge.

Signature _____

Printed Name _____

Date ___/___/___

Release of Employment Records, Drug Screen, Back Ground Check, and Evaluation

I, _____, hereby authorize Scurry County EMS to investigate all facts contained in my application for employment with said facility, and authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employment and any other pertinent information which said employers may have, personal or otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information. A copy of this release shall be as valid as the original. I understand that Scurry County EMS will do a Pre-Employment Non-DOT Drug Screen prior to employment. I understand that the drug screen must return clean for employment. I understand that that Scurry County EMS will do a back ground check through DPS, Scurry County SO, and/or Employee Relations. I understand that I may not be hired due to background check and it is sole up to Scurry County EMS to refuse employment based on the results of the background check. I understand that Scurry County EMS will also evaluate my EMT Skills through skills testing, oral skills stations, and a physical agility test. I understand that Scurry County EMS may refuse employment if I fail any of these evaluations.

By Signing below I understand all the above information presented and give authorization for Scurry County EMS to obtain past employment records, a drug screen, back ground check and, and a perform evaluations. I understand that if I fail any of the above items, I may not be employed by Scurry County EMS.

Applicant Signature _____

Printed Name of Applicant _____

Date ___ / ___ / ___

Witness Signature _____

Printed Name of Witness _____

APPLICANT NOTIFICATION

In conjunction with your application for employment with us, we utilize the services of the Texas Department of Public Safety Criminal History Record Information (CHRI) Search under **Sec. 411.1295**. ACCESS TO CRIMINAL HISTORY RECORD INFORMATION: **EMPLOYMENT BY COUNTY**, to conduct a background investigation regarding your character, general reputation, personal characteristics, and mode of living. The investigative report may be comprehensive and include inquiry into past employment, education, and activities, including, but not limited to public records, criminal background information, and driving record. Scurry County EMS will, to the extent permitted by law, upon request, reasonable notice, and proper identification, provide you with information that was used in generating the report. Scurry County EMS can be contacted at: 325-573-1912.

APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby give Scurry County EMS the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past employment, education, and activities, including, but not limited to, criminal background information and driving record, and I release from all liability all persons, companies, schools, and corporations supplying such information. To the extent permitted by law, I indemnify you against any liability which might result from making such investigation. Additionally, I agree that you may obtain an investigative consumer report or other information regarding me and may consult certain files which are available. I understand that any false answers, statements, implications, or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied in any application for employment, or other required documents, may be considered sufficient cause for denial of employment or discharge. I understand that you may contact my previous employers and I authorize those employers to disclose to you all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, to the extent permitted by law, I hereby fully waive any rights or claims. I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to you, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me. I have read and understand the Summary of Your Rights Under the Fair Credit Reporting Act and the Applicant Notification, a copy of which I acknowledge receiving, advising me that a comprehensive background investigation may be conducted, which may include inquiry into past employment, education, and activities, including but not limited to, criminal background information and my driving record.

Applicant Name, Print: _____

Most used Phone #: _____

Date of Birth: _____

Date of birth information is collected for the sole purpose of your driving record.

E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____ State: _____ Expiration: ___/___/___

Signature of Applicant: _____ Date: _____