



CABELL COUNTY EMERGENCY MEDICAL SERVICES



846 Eighth Avenue
Huntington, WV 25701
Phone (304) 526-9797, FAX (304) 526-8553
<http://www.ccems.org>

APPLICATION FOR EMPLOYMENT

Cabell County Emergency Medical Services is an Equal Opportunity Employer. All Qualified applicants will receive consideration for employment without regard to race, religion, national origin, ancestry, sex, age or disability. If an applicant has any questions about the legality or the propriety of any question, he/she should not answer but merely state his/her objections to the question and the reasons therefore.

Date: _____ Application will remain active for six (6) months.

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____
Home Business/Work Other

Please check if you are under 18 years of age: Motor Vehicle Operators License #: _____

Are you eligible for employment in the United States? Yes No

Citizenship status: U.S. citizen Resident Alien Non-resident Alien
Visitor Student Permanent Visa # _____

TYPE OF WORK DESIRED

Indicate the type(s) of employment in which you are interested: Full Time Temporary
Part Time Summer

Are you available for 24 hour shifts? Yes No

Please indicate work schedule limitations, if any. _____

Position applied for _____ Date available for work _____

Other positions of interest _____

Have you ever been employed by Cabell County EMS? Yes No If yes, when? _____

Under what name? _____ Reason for leaving _____

EDUCATIONAL DATA

High School

Name and Location _____

Type of Course or Major _____ Graduated? _____

Degree or Certificate _____

College

Name and Location _____

Type of Course or Major _____ Graduated? _____

Degree or Certificate _____

Graduate School

Name and Location _____

Type of Course or Major _____ Graduated? _____

Degree or Certificate _____

Trade/Business, Night or Correspondence

Name and Location _____

Type of Course or Major _____ Graduated? _____

Degree or Certificate _____

Other

Name and Location _____

Type of Course or Major _____ Graduated? _____

Degree or Certificate _____

Do you intend to continue your education? Yes [] No []

If yes, explain. _____

Extracurricular activities in school/college and office held (excluding those which may be indicative of race, religion, national origin, sex or ancestry.) _____

EMPLOYMENT HISTORY

Begin with current or most recent

Company _____ Type of Business _____

Address _____ Phone Number _____

Employed from _____ to _____ Job Title _____

Brief description of job duties _____

Name of Supervisor _____ Title _____

Reason for leaving _____ May we contact this employer? Yes [] No []

Previous Employer

Company _____ Type of Business _____

Address _____ Phone Number _____

Employed from _____ to _____ Job Title _____

Brief description of job duties _____

Name of Supervisor _____ Title _____

Reason for leaving _____ May we contact this employer? Yes [] No []

Previous Employer

Company _____ Type of Business _____

Address _____ Phone Number _____

Employed from _____ to _____ Job Title _____

Brief description of job duties _____

Name of Supervisor _____ Title _____

Reason for leaving _____ May we contact this employer? Yes [] No []

Previous Employer

Company _____ Type of Business _____

Address _____ Phone Number _____

Employed from _____ to _____ Job Title _____

Brief description of job duties _____

Name of Supervisor _____ Title _____

Reason for leaving _____ May we contact this employer? Yes [] No []

CREDENTIALS

Significant professional or occupational credentials (such as registration or certification) you hold of relevance to position(s) for which you desire consideration. _____

Current West Virginia Certification # _____ Expiration Date _____

Current National Certification # _____ Expiration Date _____

Other states in which you are licensed (include number) _____

Professional memberships or affiliations _____

Do you hold certification in the following? ACLS[] BTLS[] PALS[] PEPP[] PHTLS[] ATLS[]

MILITARY EXPERIENCE

Were you in the U.S. Armed Forces? Yes [] No [] If yes, what Branch? _____

Dates of duty, from _____ to _____ Rank at separation _____

Briefly describe your duties _____

Special training received _____

GENERAL INFORMATION

Have you ever been discharged or forced to resign from any position? Yes [] No []

If yes, please explain _____

Were you ever employed under a different name? Yes [] No [] If yes, please list: _____

How did you hear about employment opportunities with Cabell County Emergency Medical Services?

Own accord [] Newspaper Ad [] Referred by _____ Other _____

ADDITIONAL INFORMATION

List any volunteer or paid employment (not included under employment history) which relates to the position for which you are applying _____

REFERENCES

Do not list former employers or relatives.

Give full names, addresses and phone numbers:

Name Phone Number

Address City State Zip

Name Phone Number

Address City State Zip

Name Phone Number

Address City State Zip

COMMENTS

Please refer to question when commenting below.

Attach extra sheets if necessary

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

If the position for which I am applying requires a license and or certification, I understand that it is my responsibility to supply a copy of the license and or certification to the appropriate department(s). I also understand that it is my responsibility to keep this license and or certification current and in good standing.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, criminal records, motor vehicle records and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

In consideration of my employment, I agree to conform to the policies and procedures of the Cabell County Commission and Cabell County Emergency Medical Services, as amended from time to time. I understand that in accepting this application, the County is in no way obligated to provide me with employment and that I am not obligated to accept employment, if offered.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice ("at will employee"). This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Cabell County Commission.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DATE: _____ SIGNATURE _____