



OHIO COUNTY COMMISSION EMERGENCY MEDICAL SERVICE EMS EMPLOYMENT APPLICATION



APPLICANT NAME: _____

DATE OF APPLICATION: ___ / ___ / ___

APPLICATION INSTRUCTIONS

Please complete the application in its entirety. **Please print clearly or type with blue or black ink.** When submitting the application if you can attach any of the documents listed below it will expedite the interview process: Please check the items you have provided with this application. **DO NOT FORGET TO SIGN THE APPLICATION.**

When complete, please return to Kimberley Gregory, Human Resources Director, Ohio County Commission, Suite #215, 1500 Chapline St., Wheeling, WV 26003.

ATTACHED ITEMS

- Current Resume
- Copy of a current driver's license **REQUIRED**
- Copy of your social security card **REQUIRED**
- Copy of a current WVOEMS license **REQUIRED**
- Copy of a current CPR card **REQUIRED**
- Copy of a current ACLS card **REQUIRED**
- Copy of a current emergency vehicle operator's certification
- Copy of current ITLS, PHTLS or BCLS card
- Copy of current PALS or PEPP card
- Copy of current EMD certification
- Copy of any/all NIMS certification ___ 100 ___ 200 ___ 300 ___ 400 ___ 700 ___ 800

TRACKING: OFFICE USE ONLY

DATE RECEIVED _____ DATE EMS LICENSE CONFIRMED _____
 INTERVIEW SCHEDULED DATE AND TIME _____
 COMPLETED _____ HIRED _____ NOT HIRED _____

GENERAL INFORMATION

Applicants Name: _____
(First) (Middle) (Last)

Birth date: ____/____/____ Social Security Number: ____-____-____

Current Address: _____ apt./lt#_____
City _____ State _____ Zip Code _____ Number of years at this address: _____
Current phone number: (____) _____ - _____ Alternate phone number (____) _____ - _____
Email: _____

Previous Address: _____ apt./lt#_____
City _____ State _____ Zip Code _____ Number of years at this address: _____

Are you eligible for employment in the US Yes No Explain: _____
Have you ever been convicted of a crime: No Yes Explain: _____

Please indicate the date you are available to start work: ____/____/____ Salary desired: _____
Please indicate desired work schedule: _____
Please indicate days or times you cannot work: _____
How did you find out about Ohio County EMS? _____
Were you referred by someone? Name: _____

MILITARY SERVICE:

Branch: Army Navy Air Force Marines Coast Guard National Guard Last rank: _____
Date Enlisted: _____ Dated Discharged: _____ Discharge type: _____
Duties: _____
Special training or skills _____

GENERAL EDUCATION

Do you have a: High school Diploma GED Year graduated _____ GPA _____
Name and address of High School _____

EMS EDUCATION

Course: EMT Paramedic _____ Date Course Completed _____
Course taken at _____ Instructor _____

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Course taken at _____ Instructor _____

____ CPR	Date Completed _____	Course Location _____	Exp Date _____
____ BLS	Date Completed _____	Course Location _____	Exp Date _____
____ ACLS	Date Completed _____	Course Location _____	Exp Date _____
____ PHTLS	Date Completed _____	Course Location _____	Exp Date _____
____ PALS	Date Completed _____	Course Location _____	Exp Date _____

Other EMS related courses: _____

EMS LICENSE AND CERTIFICATIONS

Current WVOEMS License Level: MFR EMT EMT-S EMTP
WV State License # _____ Expiration Date _____

Are you currently Nationally Registered? Yes No
National Registry Number: _____

Have you had any disciplinary actions against your EMS license? No Yes
If yes, explain: _____

Do you hold, or have you ever held an EMS license in another state? ___ No ___ Yes

If yes, what state and license level? _____

COLEGE OR TRADE SCHOOL EDUCATION

School name: and address: _____

Subject studied: _____ Date started: _____ Date completed: _____

Degree or certificate acquired: _____ Grade Point Average: _____

School name: and address: _____

Subject studied: _____ Date started: _____ Date completed: _____

Degree or certificate acquired: _____ Grade Point Average: _____

School name: and address: _____

Subject studied: _____ Date started: _____ Date completed: _____

Degree or certificate acquired: _____ Grade Point Average: _____

EMPLOYMENT HISTORY (List in chronological order)

Company Name: _____ Supervisor: _____
Address; _____ Phone Number: _____
Position / duties: _____
Date started: _____ Dated ended: _____ Starting pay: _____ Ending pay: _____
Reason for leaving: _____

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Address; _____ Phone Number: _____
Position / duties: _____
Date started: _____ Dated ended: _____ Starting pay: _____ Ending pay: _____
Reason for leaving: _____

DRIVING RECORD

WV Driver's license number _____ Expiration date: _____
Endorsements: _____ Years driving: _____

Do you have experience driving emergency vehicles? ___ No ___ Yes How many years? _____

Driving Offenses:

Date: _____ Offense _____ Points: _____
Date: _____ Offense _____ Points: _____
Date: _____ Offense _____ Points: _____
Date: _____ Offense _____ Points: _____

Has your driver's license ever been suspended or revoked? ___ No ___ Yes

If yes explain: _____

Do you possess a driver's license from another state? ___ No ___ Yes

If yes what state, license number and expiration date: _____

COMMUNITY ACTIVITIES

Please list any community organizations or volunteer activates you are a part of

SPECIAL SKILLS

Please identify any special skills you possess: (familiar with software programs, mechanical specialties etc.)

REFERENCES Provide at least three

Name: _____ Relationship: _____ Year known _____

Phone Number: _____ Address: _____

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Phone Number: _____ Address: _____

Name: _____ Relationship: _____ Year known _____

Phone Number: _____ Address: _____

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Phone Number: _____ Address: _____

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Phone Number: _____ Address: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I understand that the Ohio County Commission and Ohio County Emergency Medical Services, herein identified as “the company”, requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize the company to investigate my past employment, criminal record, credit, education credentials, and other employment related activities. I agree to submit to any drug or alcohol testing which is required for employment with the company.

I understand that this application is not an offer of employment and that by accepting my application; the company does not guarantee that I will be offered a job. I understand that The Company reserves the right to make changes in the terms and conditions of my employment as the company determines to be necessary or appropriate.

I understand that an employment with the company I would be an employee at-will, meaning my employment would not be for any fixed period of time and that, if employed, I may resign at any time for any reason with or without notice and the company may terminate my employment at any time for any reason, with or without notice. I further acknowledge my understanding that statements, which may be contained in the policies, handbooks, and other company materials, do not create my guarantee of employment nor contractual rights, express or implied, and I agree that I will not rely upon them as such. I also understand and agree that such policies may be changed at any time, with or without notice. I further acknowledge that no supervisor, manager, executive or any employee or agent of the company, has the authority to alter any of the above, that any promised to the contrary will only be relied upon by me if they are in writing and signed by the company president and myself.

I certify that all the above information is true and complete in all respects and that I am submitting this information and any other information during the application process so that the company can rely on this information in making employment decisions. I understand that any false answers or statements made by me on this application or any supplement thereto or in connection with the above-mentioned investigations, regardless of when discovered, by the company, will be grounds for immediate disqualification or discharge, if I am employed. I understand, also, that I am required to abide by all rules and regulation of the company, and all local, State of Michigan, and Federal rules governing ambulance operations, or any other such applicable rules or laws.

I understand that any offer of employment may be contingent upon successfully completing the following: 1. a medical evaluation indicating that I am able to perform the essential functions of the job, with or without reasonable accommodation. 2. a company administered lifting evaluation to ensure I can safely lift patients. 3. A negative drug screening. 4. Ability to complete an N95 fit test. I understand that refusal to submit to, falsification or tampering with a medical evaluation, lifting test, drug screening or fit test will result in withdrawal of a job offer.

I understand that any offer of employment may be contingent upon a criminal background and motor vehicle operator record check and that the company will do periodic criminal background and motor vehicle operator record checks. I understand that I cannot operate company vehicles until I am at least 21 years of age, and that operating a company vehicle is contingent upon having a good driving record and completing all required training.

I understand that any offer of employment may be contingent upon successful completion of didactic, psychomotor and affective evaluations to verify and measure competency in the job duties I am to perform.

I understand that business practices and patient information of the company that I am exposed to, either intentionally or incidentally, during the application process, interview process, or once employed are confidential. I further understand that disclosure of said information may result in my termination, prosecution and/or additional civil actions and penalties.

In consideration for the company’s agreement to accept my application for consideration, I acknowledge and agree that any controversy or claim that I may have as an applicant, or as an employee, if I am subsequently hired shall be submitted, to binding arbitration before a single arbitrator with the arbitration to be conducted pursuant to the provisions of the commercial arbitration rules of the American Arbitration Association then in effect. I agree that (i) my application for employment; (ii) my employment, if I am subsequently hired by The company, and (iii) the business of the company affects or has a direct impact upon interstate commerce, “Commerce, “as it is defined in Federal Arbitration Act, 9U.S.C. Section 1, and that this provision is enforceable hereunder. All costs and expenses of Arbitration, including compensation, expenses of the arbitrator, shall be borne by the parties equally.

I acknowledge that I have read, understand and agree to abide by the terms above,

Signature of Applicant _____ Date _____