

COLORADO COUNTY EMS

305 RADIO LANE, ROOM #101

COLUMBUS, TEXAS 78934

PHONE: (979)732-2188 FAX: (979)732-9635

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

Date of Application: _____

The Age Discrimination in Employment Act of 1967 forbids discrimination against persons over the age of 40.

Name: _____

Social Security #: _____

Street Address: _____

Driver's License #: _____

City, State, & Zip Code: _____

Telephone #: _____

All applicants for employment must be at least 18 years of age.

Date of Birth: _____ Can you submit proof of age after employment? ____ Yes ____ No

Have you ever been convicted of a felony? If so, please give details: _____

Has Bond ever been refused? Please give background if any: _____

If you are not an American citizen, do you have a visa which permits you to work in this Country? Yes ____ No ____

EMS Certification: _____ Date of Certification: _____ Date of Expiration: _____

Position desired: _____ Referred by: _____

EDUCATION

High School: Name: _____ Number of Years: ____ Graduate? _____

Location: _____

College or University: Name: _____ Number of Years: ____ Graduate? ____ Degree: _____

Location: _____ Major Subjects: _____

Specialized Training, Trade School, etc: Name: _____ Degree: _____

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

PREVIOUS EMPLOYMENT

ALL QUESTIONS MUST BE ANSWERED

Provide employer information for the last 10 years and any other work history you feel is relevant to the position you have applied for. Attach extra sheets if necessary.

(1) Present or last employer: _____ Phone Number: _____
Address: _____ Date of Employment: _____ Date Left: _____
Immediate Supervisor: _____ Title: _____
Your Title: _____ Annual Salary: _____ Reason for leaving: _____
Your Duties: _____

(2) Previous Employer: _____ Phone Number: _____
Address: _____ Date of Employment: _____ Date Left: _____
Immediate Supervisor: _____ Title: _____
Your Title: _____ Annual Salary: _____ Reason for leaving: _____
Your duties: _____

U. S. MILITARY SERVICE

Branch of Service: _____ Years of Service: _____ Rank at Discharge: _____ Honorable Discharge: ___ Yes ___ No
Are you in the U. S. Military Reserves? ___ Yes ___ No ___ Active ___ Inactive
Are you a member of the National Guard? ___ Yes ___ No ___ Active ___ Inactive

CHARTER REFERENCES

(Excluding Relatives and Employers)

Name: _____ Address: _____ Phone Number: _____
Relationship: _____ Years Known: _____
Name: _____ Address: _____ Phone Number: _____
Relationship: _____ Years Known: _____
Name: _____ Address: _____ Phone Number: _____
Relationship: _____ Years Known: _____

PRE-EMPLOYMENT STATEMENT

I authorize Colorado County EMS to make any inquiries they desire regarding my education, employment, ability, habits and personal character for the purpose of determining my fitness for employment. I also authorize previous employers or any other persons to whom this may refer to give any and all information regarding my employment or scholastic record together with any information, personal or otherwise, and I hereby release such persons and any companies which they represent from all liability or any damages whatsoever in connection with their compliance. I understand that misrepresentation or omission of any fact or circumstance called for in this application which would affect my application unfavorably or receipt of unsatisfactory references, will be sufficient course for termination without liability to me for salary except as may have been earned at the time of my termination.

Applicant's Signature: _____ Date: _____