

KOOTENAI COUNTY EMERGENCY MEDICAL SERVICES SYSTEM



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Position you are applying for:					
Referred To KCEMSS By		Date Available		Salary Requirements	
Last Name		First Name		Middle Initial	
Mailing Address		City		State	Zip
Cell Telephone No.	Home Telephone No.	Business Phone No.	E-Mail Address		
If applying for a position which requires driving a KCEMSS vehicle, please provide the following information:		I have a valid driver's license <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License #	State Issued	Expiration Date
Are you at least 18 Years Old?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming Veteran's Preference? (Attach a copy of DD214 and proof of service connected disability)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). <i>Nature of Offense</i> <i>Name & Location of Court</i> <i>Date of Conviction</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
					(Inaccurate information here will result in disqualification.)
Are any of your educational or employment records found under a different last name? If yes, please give the last name. <i>Previous Last Name(s)</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.					<input type="checkbox"/> Yes <input type="checkbox"/> No
References				For Office Use Only: Date and Time Received	
Name	Telephone Number	Relationship *(No Relatives)			
				Received by: []	
Emergency Contact:		<u>Name</u>	<u>Relationship</u>	<u>Phone</u>	

EDUCATION, TRAINING, AND CERTIFICATIONS

Elementary and High School Education

Highest Grade Completed (choose one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Do you have a: High School diploma <input type="checkbox"/> YES <input type="checkbox"/> NO or GED <input type="checkbox"/> YES <input type="checkbox"/> NO	Name and Location of Last School Attended (High School, Junior High or Elementary) Name: Location:
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Related Training (Correspondence, Business, Trades, Vocational, Armed Forces Schools, etc.-provide documentation with application)

Names and Locations of School	Dates Attended (Mo & Yr)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received
	From	To			

Colleges and Universities Attended (Undergraduate & Graduate)

Names and Locations of School(s)	Dates Attended (Mo & Yr)		Credit Hours		Degree <u>Earned</u> (e.g. BA/BS) List IF completed	Major	Minor
	From	To	Semester hrs	OR Quarter hrs			

Major <u>Undergraduate</u> College Subjects	Credit Hours		Major <u>Graduate</u> College Subjects	Credit Hours	
	Semester hrs	OR Quarter hrs		Semester hrs	OR Quarter hrs

Related Professional Licenses and Certifications (provide documentation with application)

License/Certification Issued By	Field/Trade Specialization	License or Certification Number	Issue Date	Expiration Date

SKILLS (List other office skills (PC, Software, Etc)) _____ _____ _____ _____ _____ _____	Languages spoken and written FLUENTLY _____ _____
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EMPLOYMENT HISTORY

May we contact your present employer? YES NO Comment:

1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Title of Position Held			Reason for Leaving	

Describe job duties & include details such as: people or project supervision, computer software used, equipment & tools used, guidelines followed, decisions made, reports completed, types of communications, customer service specifics, age groups served, industries worked in & other details that will provide for a clear understanding of your job. (DO NOT use pre-printed job descriptions.)

2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Title of Position Held			Reason for Leaving	

Describe job duties & include details such as: people or project supervision, languages programmed, computer software used, equipment & tools used, guidelines followed, decisions made, reports completed, types of communications, customer service specifics, age groups served, industries worked in & other details that will provide for a clear understanding of your job. (DO NOT use pre-printed job descriptions.)

3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
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CONDITIONS OF EMPLOYMENT STATEMENT

If hired, I authorize Kootenai County Emergency Medical Services System (KCEMSS) to verify my present and past employment and education.

I understand and agree that any misrepresentation made in this application is grounds for termination.

I hereby authorize Kootenai County Emergency Medical Services System to solicit all information which it may need in connection with this application and to request each person referred to in this application (except as restricted above) to provide all such information to Kootenai County Emergency Medical Services System. I hereby release all such employers, firms and persons from any liability or damage whatsoever resulting from their providing such information to Kootenai County Emergency Medical Services System. Kootenai County Emergency Medical Services System is hereby authorized to circulate my application and any other information which it obtains from the employers, firms or persons referred to in this application to all legally constituted governmental or regulatory authorities. Also I grant Kootenai County Emergency Medical Services System the authority to allow legally constituted authorities to review all pertinent parts of my personnel file.

I also understand and agree that any employment of me by Kootenai County Emergency Medical Services System is terminable at will by either Kootenai County Emergency Medical Services System or me, with or without notice and with or without cause. Any changes to this agreement will not be valid unless in writing signed by me and a duly authorized representative of Kootenai County Medical Services System.

I certify that, to the best of my knowledge and belief, all statements I have made in this application are true and correct.

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Signature

Date

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