

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
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Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Telephone Number	Cell Phone Number	Social Security Number - -	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No Date: _____

Have you ever been employed with us before? Yes No Date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Can you travel if a job requires it? Yes No

Applicants must complete the Notice To Applicants, Application For Employment, Background Information, Certification Information form and Employment Data Record.

Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	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 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Diploma/Degree	<input type="checkbox"/>																
Describe Course of Study:																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities:																	
Describe any honors you have received:																	
State any additional information you feel may be helpful to us in considering your application:																	

Indicate any languages, other than English you speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

<p>List professional, trade, business or civic activities and offices held</p> <p><small>You may exclude memberships which reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status</small></p>
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References

Give name, address and telephone number of three references who are not related to you and are not previous employers.		

Have you ever had any job-related training in the United State military?

Yes No

If Yes, please describe

Employment Experience

Start with your present or last job. Include any job-related military service assignments and voluntary activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Address	Telephone
Job Title	Supervisor	Reason for leaving
Dates Employed From _____ To _____	Hourly Rate/Salary Starting _____ Final _____	
Work Performed		

Employer	Address	Telephone
Job Title	Supervisor	Reason for leaving
Dates Employed From _____ To _____	Hourly Rate/Salary Starting _____ Final _____	
Work Performed		

Employer	Address	Telephone
Job Title	Supervisor	Reason for leaving
Dates Employed From _____ To _____	Hourly Rate/Salary Starting _____ Final _____	
Work Performed		

Employer	Address	Telephone
Job Title	Supervisor	Reason for leaving
Dates Employed From _____ To _____	Hourly Rate/Salary Starting _____ Final _____	
Work Performed		

If you need additional space, please continue on a separate sheet of paper

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rule and regulation of the employer.

Signature of Applicant

Date

NOTICE TO APPLICANTS

GENERAL INFORMATION

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, age, disability, handicap, marital status or any other basis protected by law. The opportunity for employment will be based solely upon qualifications and ability to perform the job for which you are being considered. We also reasonably accommodate individuals with disabilities, handicaps, and bona fide religious beliefs.

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning you ability to perform job-related functions. You may also be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. Upon request, all entering employees in the same job category will be required to complete the same medical questionnaire and/or examination. All medical information will be kept in confidential files.

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, if hired, I will be placed in a probationary status. I further understand that if I am terminated for unsatisfactory work performance within this probationary period, the employer may seek to deny any employment benefits I might attempt to obtain as a result of my termination

(Initial)

I understand that as a condition of my employment, I must take and pass a pre employment urine and/or blood test at authorized threshold levels for any or all of the drugs or alcohol.

(Initial)

I further understand, subject to confidentiality constraints and rights of appeal granted by State and Federal law, if the results of my pre employment drug and/or alcohol test are POSITIVE (indicating substance abuse) and are received by the employer prior to or within the probationary employment period, I will be terminated for cause and the employer may seek to deny any unemployment benefits I might attempt to obtain.

(Initial)

I understand and agree that all policies, procedures, whether written, published or orally communicated by the employer may be modified, amended, or deleted by the employer with or without notice to me of such change(s); that the employer's policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and if hired, my employment may be terminated at my option or at the option of the employer with or with or without prior notice to either party. I also agree there are no other written or oral arrangements, agreements, or understandings regarding the terms of my employment and that any amendments or exceptions to this statement must be in writing and signed by a person(s) duly authorized by the employer.

(Initial)

I certify that all information given to the employer by me in the form of an employment application, resume, or related papers, or answers given by me during oral interviews, are true and correct. I understand the employer my conduct a through investigation of my past work and personal history. I authorize the giving and receiving of any such information requested by the employer in the course of such investigation and hereby release from liability all persons who provide such information to the employer. I understand that falsification or any derogatory information discovered as a result of the investigation may be subject me to immediate dismissal for cause and the employer may seek to deny unemployment benefits as a result of my termination.

(Initial)

Applicant Printed Name

Date

Applicant Signature

Witness Printed Name

Date

Witness Signature



DIXIE COUNTY EMERGENCY SERVICES
DIVISION OF EMERGENCY MEDICAL SERVICES

Post Office Box 2009
17600 SE Highway 19
Cross City, FL 32628

CERTIFICATION INFORMATION

Name: _____
(Last) (First) (M.I.)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ OR () _____

PARAMEDIC:

License Expiration Date: _____ A.C.L.S. Expiration Date: _____

C.P.R. Expiration Date: _____ EVOC or NAPD Cert. Exp. Date: _____

Valid Driver's License Class E Expiration Date: _____

EMERGENCY MEDICAL TECHNICIANS:

License Expiration Date: _____ C.P.R. Expiration Date: _____

EVOC or ANPD Certification Expiration Date: _____

Valid Diver's License Class E Expiration Date: _____

Paramedic's and E.M.T.'s also must be certified in Hazardous Materials Level One and Aids Training.

Signature of Applicant: _____

Date: _____

BACKGROUND INFORMATION

Have you ever been convicted of a felony or a first-degree misdemeanor? Yes NO

If "Yes" what charges? _____

Where convicted? _____

Date of Conviction? _____

Have you ever pled nolo contendere or pled guilty to a crime which is a felony or first-degree misdemeanor? Yes NO

If "Yes" what charges? _____

Where? _____

Date? _____

Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first-degree misdemeanor? Yes NO

If "Yes" what charges? _____

Where? _____

Date? _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the positions for which you are applying are considered.

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

PLEASE PRINT

Date

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security Number		

Complete Only The Sections Below That Have Been Checked

<input checked="" type="checkbox"/>	Current Job
<input checked="" type="checkbox"/>	Check One <input type="checkbox"/> Male <input type="checkbox"/> Female
<input checked="" type="checkbox"/>	Check One Of The Following (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
<input checked="" type="checkbox"/>	Check If Any Of The Following Are Applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
<input checked="" type="checkbox"/>	Birth Date