

# CHAFFEE COUNTY EMS

## Employment Application



| APPLICANT INFORMATION                             |  |    |  |                              |  |                              |  |  |  |        |  |                              |  |                             |  |
|---|--|----|--|------------------------------|--|------------------------------|--|--|--|--------|--|------------------------------|--|-----------------------------|--|
| Last Name   |  |    |  | First                        |  |                              |  | M.I.   |  | Date   |  |                              |  |                             |  |
| Street Address                                    |  |    |  |                              |  |                              |  |  |  |        |  |                              |  |                             |  |
| City  |  |    |  | State                        |  |                              |  | ZIP  |  |        |  |                              |  |                             |  |
| Phone   |  |    |  | E-mail Address               |  |                              |  |  |  |        |  |                              |  |                             |  |
| Date Available                                    |  |    |  | Social Security No.          |  |                              |  |  |  |        |  |                              |  |                             |  |
| Position Applied for                              |  |    |  |                              |  |                              |  |  |  |        |  |                              |  |                             |  |
| Are you a citizen of the United States?           |  |    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>  |  | If no, are you authorized to work in the U.S.? |  |        |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |
| EDUCATION   |  |    |  |                              |  |                              |  |  |  |        |  |                              |  |                             |  |
| High School                                       |  |    |  | Address                      |  |                              |  |  |  |        |  |                              |  |                             |  |
| From  |  | To |  | Did you graduate?            |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                    |  | Degree |  |                              |  |                             |  |
| College   |  |    |  | Address                      |  |                              |  |  |  |        |  |                              |  |                             |  |
| From  |  | To |  | Did you graduate?            |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                    |  | Degree |  |                              |  |                             |  |
| Other   |  |    |  | Address                      |  |                              |  |  |  |        |  |                              |  |                             |  |
| From  |  | To |  | Did you graduate?            |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/>                    |  | Degree |  |                              |  |                             |  |
| REFERENCES  |  |    |  |                              |  |                              |  |  |  |        |  |                              |  |                             |  |
| <i>Please list three professional references.</i> |  |    |  |                              |  |                              |  |  |  |        |  |                              |  |                             |  |
| Full Name   |  |    |  | Relationship                 |  |                              |  |  |  |        |  |                              |  |                             |  |
| Company   |  |    |  | Phone                        |  |                              |  |  |  |        |  |                              |  |                             |  |
| Address   |  |    |  |                              |  |                              |  |  |  |        |  |                              |  |                             |  |
| Full Name   |  |    |  | Relationship                 |  |                              |  |  |  |        |  |                              |  |                             |  |
| Company   |  |    |  | Phone                        |  |                              |  |  |  |        |  |                              |  |                             |  |
| Address   |  |    |  |                              |  |                              |  |  |  |        |  |                              |  |                             |  |
| Full Name   |  |    |  | Relationship                 |  |                              |  |  |  |        |  |                              |  |                             |  |
| Company   |  |    |  | Phone                        |  |                              |  |  |  |        |  |                              |  |                             |  |
| Address   |  |    |  |                              |  |                              |  |  |  |        |  |                              |  |                             |  |

**EMPLOYMENT HISTORY – STARTING WITH CURRENT / MOST RECENT EMPLOYMENT**

Employer:

Dates of Employment: From: To:

Address:

Managers Name:

Job Duties:

Reason for Leaving:

May we contact this employer?

**EMPLOYMENT HISTORY**

Employer:

Dates of Employment: From: To:

Address:

Managers Name:

Job Duties:

Reason for Leaving:

**EMPLOYMENT HISTORY**

Employer:

Dates of Employment: From: To:

Address:

Managers Name:

Job Duties:

Reason for Leaving:

**PLEASE LIST ANY OTHER HEALTH CARE FACILITIES OR EMS/FIRE/RESCUE AGENCIES THAT YOU HAVE BEEN AFFILIATED WITH THAT ARE NOT LISTED ABOVE IN THE WORK HISTORY:**

**APPLICANT REQUIREMENTS**

- Must be at least 18 years of age
- Must have a minimum of a high school diploma
- Must have Colorado certification
- Minimum EMT-Basic with IV certification
- Must have a current BLS/CPR Card (ACLS and PALS are required for EMT-I and Paramedic )
- Good Driving Record
- No Previous Felony Convictions
- Must pass pre-employment physical screening and drug testing

| <b>CERTIFICATIONS</b>              |                              |
|------------------------------------|------------------------------|
| Colorado EMS Certification Number: | Level:                       |
| Expiration:                        |                              |
| BLS / CPR expiration date:         | ACLS expiration Date:        |
| PALS expiration date:              | CCP-C /FP-C expiration date: |
| Other:                             | Other:                       |

| <b>BACKGROUND INFORMATION</b>   |
|---|
| List all states (other than Colorado) where you are or have been certified, licensed or registered as an EMS Provider:  |
| Have you EVER been or are you currently the subject of an investigation by any health care licensing jurisdiction?<br>NO <input type="checkbox"/> YES <input type="checkbox"/> (If YES please explain)  |
| Have you EVER had any disciplinary action taken against you in connection with the performance of health care-related activities in this or any other state or country?<br>No <input type="checkbox"/> YES <input type="checkbox"/> (If YES please explain) |

| <b>SIGNATURES</b>  |
|--|
| <p>The statements on this application are true and correct to the best of my knowledge. I understand that all information in this application is subject to verification. I also understand that knowingly falsifying information on this application is grounds for application rejection and/or termination of employment. I further authorize Chaffee County EMS to conduct a general background check including but not limited to a Motor Vehicle Report and Criminal Background Check.</p> <p>I, _____ warrant the truthfulness of the information provided in this application</p> <p>ENTER FULL NAME: <input type="text"/></p> <p><input type="checkbox"/> I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.</p> |