



# Robertson County Emergency Medical Services

Righteousness Compassion Enthusiasm Morals Safeguard



Righteously protect through Compassion, train with Enthusiasm, uphold Morals with the highest Safeguard to our citizens.

## Employment Application

Position Applied For: EMT \_\_\_\_ Advanced EMT \_\_\_\_ Paramedic \_\_\_\_  
Fulltime \_\_\_\_ PRN \_\_\_\_

### An Equal Opportunity Employer

Robertson County Emergency Medical Services, is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

### Please print and fill out ALL sections

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(Last Name) (First Name) (MI) (Date of Birth)

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street / PO Box) (City) (State) (Zip Code)

What days and hours are you available for work?  
\_\_\_\_\_

If hired, on what date can you start working? \_\_\_\_\_

Can you work on the weekends? \_\_\_ YES \_\_\_ NO

Full-time Applicant ONLY, PRN Applicants- N/A) Are you able to work a full-time schedule, which can consist of 24/48 or 48/96 hour rotations? \_\_\_ YES \_\_\_ NO

Upon employment, can you show verification of your legal right to work in the United States? \_\_\_ YES \_\_\_ NO

1. Have you ever been charged or convicted of a felony?  
\_\_\_ YES \_\_\_ NO

2. Have you ever been convicted of any misdemeanor?  
\_\_\_ YES \_\_\_ NO

If Questions 1 and 2 were answered YES, go to criminal history.

How were you referred to us? \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, whether with/without reasonable accommodations? \_\_\_ YES \_\_\_ NO

If NO, please describe the functions that cannot be performed:  
\_\_\_\_\_

(Note: Robertson County Emergency Medical Services, complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicant/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

**HIGH SCHOOL EDUCATION**

School Name	City, State	Course of Study	Highest Grade Completed

**COLLEGE EDUCATION**

University Name	City, State	Degree	Did you Graduated Yes or No

**TRADE SCHOOL**

School Name	City, State	Course of Study	Did you Graduated Yes or No

**MILITARY EXPERIENCE**

Branch	Military Specialty	Rank	Honors

**WORK EXPERIENCE (Begin with most recent position)**

If you are currently employed, may we contact your current employer?     YES     NO

Employer: \_\_\_\_\_ Date Employed From: \_\_\_\_\_  
To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If you are currently employed, may we contact your current employer?     YES     NO

Employer: \_\_\_\_\_ Date Employed From: \_\_\_\_\_  
To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If you are currently employed, may we contact your current employer?  YES  NO

Employer: \_\_\_\_\_ Date Employed From: \_\_\_\_\_

To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PROFESSIONAL REFERENCES** (Minimum of 3 references you have known for a minimum of 1 year)

<u>NAME</u>	<u>OCCUPATION</u>	<u>PHONE NUMBER</u>	<u>YEARS KNOWN</u>

**PERSONAL REFERENCES** (Minimum of 3 references you have known for a minimum of 1 year)

<u>NAME</u>	<u>OCCUPATION</u>	<u>PHONE NUMBER</u>	<u>YEARS KNOWN</u>

**CRIMINAL HISTORY**

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Conviction:  YES  NO

Outcome: \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Conviction:  YES  NO

Outcome: \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_

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Yes

No

.....@' ..... V and phone number

What is their Job Title?

**PLEASE READ QUESTIONS BELOW AND INITIAL BEFORE SIGNING**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including and misstatement) of material fact on this application or on any document used to secure possible employment can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from Robertson County EMS.

Initials: \_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time wither with or without prior notice, and by either me or the company.

Initials: \_\_\_\_\_

I permit, Robertson County EMS, to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Robertson County EMS, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Initials: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Typing your name in the field above serves as your virtual signature, signifying your acceptance and endorsement of the application.