



# EAGLE COUNTY PARAMEDIC SERVICES

## APPLICATION FOR EMPLOYMENT

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Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or disability.

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### PERSONAL INFORMATION

(PLEASE PRINT)

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

Referral Source: Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

Position Applied for \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Alternate: \_\_\_\_\_

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

Have you filed an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give date \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give date \_\_\_\_\_

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_ Date available to start work? \_\_\_\_\_

Please describe your ability to perform the essential job functions of the position for which you are applying, with or without reasonable accommodations, as such essential job functions are identified on the attached job description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted, plead guilty or no contest to a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever physically or sexually abused or assaulted another person? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever been arrested for any crime related to physical or sexual abuse or assault?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever stolen money or property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Do you currently use any drug, other than prescription medication pursuant to and consistent with a valid prescription or over-the-counter medication consistent with the medication's directions?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever had any medical related certification withdrawn or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Do you have a current drivers license? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had your drivers license revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Do you have a current COLORADO EMT certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ (attach copy)

Have you been cited for, been convicted of, plead guilty or no contest to a moving motor vehicle violation within the last 36 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

## GENERAL EDUCATION

	Name and Location of School	Highest Grade Completed	Degree Received
High School			
College			
Other			

Honors and Recognition received: \_\_\_\_\_

Special skills and Qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extra Curricular Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMS EDUCATION

	Name, School and Dates Attended	State or National Certification Number
First Aid/ First Responder		
EMT-Basic		
EMT-Intermediate		
EMT-Paramedic		

## FORMER EMPLOYERS

List below your last four employers, starting with the most recent one first.

Dates	Name and Address Of Employer	Salary	Position
From:		Start:	
To:		End:	
Reason For Leaving:			
From:		Start:	
To:		End:	
Reason For Leaving			
From:		Start:	
To:		End:	
Reason For Leaving			
From:		Start:	
To:		End:	
Reason For Leaving			

Are you a veteran of the Military Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what Branch? \_\_\_\_\_

What was the nature and type of your military training and experience? \_\_\_\_\_

\_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

