

**HAMPSHIRE COUNTY COMMISSION
HAMPSHIRE COUNTY EMERGENCY MEDICAL SERVICES**

1160 Jersey Mountain RD - Romney, WV 26757
Ph: (304) 822-7513 Fax: (304) 822-7430

Application for Employment
Must be returned by April 30th at 4:00pm

Disclaimer: We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) Applied for:

How did you learn about the position? (please --√)

Advertisement Relative Inquiry Friend

Employment Agency Other: _____

Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip code
Physical Address (If PO Box or if different from Mailing Address):			
Telephone numbers:		Best time to contact you?	Social Security Number
Home:	Cell:	Other:	- -
Email Address:			Date of Birth:

Please check yes or no to the questions below:	Yes	No
Have you ever filed an application with us before?		
If yes, Give date:		
Do any of your family members work here?		
Are you currently employed?		
May we contact your present employer?		
Are you legally eligible for employment in the United States? <i>(proof of citizenship or immigration status required upon employment)</i>		
Are you currently on "lay-off" status and subject to recall?		
Can you travel if a job requires it?		

Have you ever been charged of a crime (excluding traffic violations)?

Date available for work:

If yes, what State? _____ Date of Charge: _____

___ / ___ / ___

Desired salary range? _____

Are you available to work:

(Please check all that apply)

Full time Part-time

Temporary Rotating shifts?

Do you have a preferred shift? [] Days

[] Evenings [] Nights

EDUCATIONAL INFORMATION

	Name and Address of School	Course of Study	Years completed	Diploma/Degree
High School				
Technical School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities below (including any job-related training received in the United States Military):

EMPLOYMENT HISTORY

Start with your present or last job. Attach additional pages as necessary. Include any job-related military service assignments and volunteer activities. You may exclude organization which indicate race, color, religion, gender, national origin disability or other protected status.

Employer:		Dates Employed		Work Performed:
Address :		From	To	
Telephone Number(s):		Starting Salary	Final Salary	
Job Title:	Supervisor:			Reason for leaving:

Employer:		Dates Employed		Work Performed:
Address :		From	To	
Telephone Number(s):		Starting Salary	Final Salary	
Job Title:	Supervisor:			Reason for leaving:

Employer:		Dates Employed		Work Performed:
Address :		From	To	
Telephone Number(s):		Starting Salary	Final Salary	
Job Title:	Supervisor:			Reason for leaving:

Employer:		Dates Employed		Work Performed:
Address :		From	To	
Telephone Number(s):		Starting Salary	Final Salary	
Job Title:	Supervisor:			Reason for leaving:

List professional, trade, business or civic activities and offices held. *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

Check below to indicate any specialized skills and equipment you have experience with:

PC/MAC Typewriter (_____ wpm) Keyboarding (_____ wpm) Spreadsheets
 NIMS Training (Nat'l Incident Management System/Incident Command) EMT Paramedic

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given?

Yes No

REFERENCES

You must include three non-family member references who can speak to us as to your character and abilities as they would apply to this position.

Reference 1

Name: _____ Phone number(s) _____

Mailing address: _____

Email Address : _____

Reference 2

Name: _____ Phone number(s) _____

Mailing address: _____

Email Address: _____

Reference 3

Name: _____ Phone number(s): _____

Mailing address: _____

Email Address: _____

For Personnel Office Use Only

References:

1- Favorable Unfavorable Date checked: _____ Checked by: _____

Comment: _____

2- Favorable Unfavorable Date checked: _____ Checked by: _____

Comment: _____

3- Favorable Unfavorable Date checked: _____ Checked by: _____

Comment: _____

Office Use Only

Position(s) Applied For Is Open: Yes No Position(s) considered for: _____

Date: _____

APPLICANT'S STATEMENT

I certify that the answers given are true and complete.

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

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 the 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 rules and regulations of the employer.

Printed / Typed Name of Applicant

Signature of Applicant

Date signed

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

For Personnel Department Use Only

Arrange Interview? Yes No

Hired Yes No Date of Hire: _____

Job Title _____ Hourly rate/Salary: _____

Department _____ Supervisor _____

Hired by _____

Printed Name Signature Title and Date

Ph: 304 822-7513

Fax: 304 822-7430

Email:

Return Application to:

Hampshire County EMS
Board
1160 Jersey Mountain RD
Romney, WV 26757

PLEASE READ THIS APPLICATION CAREFULLY

All sections of this application shall be completed, submit any additional information which you feel is pertinent to the position you are seeking. Do Not erase, scratch through or change this application in any manner. Application is to be clean and legible.

This position for which you are about to apply for requires pre-employment drug screening.

The position for which you are about to apply for will expose you to information that must, as a requirement by law, be kept confidential. For this reason, in order for you to be considered for the position, you will be required to submit to rigid testing standards, through interview(s) and a COMPLETE background investigation.

STATEMENT OF UNDERSTANDING

Read and Sign this statement to indicate your agreement to these terms and conditions:

TO: Any Law Enforcement agency, court or other governmental body; or

Any Doctor, Hospital, Medical Association; U.S. Armed Forces, Maritime Service Veterans Administration; the U.S. Selective Service System; or

Any academic Dean, Registrar, Principal, Guidance Counselor, or other authorized person at any College, business trade or high school; or

Any past or present employer; Credit Bureau or Retail Merchants Association; Bank financial Institution or any other credit extending agency.

I have applied for employment with the Hampshire County Commission and I am aware that my entire background is to be investigated. Upon presentation of this release or copy hereof, I hereby respectfully request and authorize you to furnish the Hampshire County Sheriff's Office /Commission any and all information you have concerning me my work performance, school record and conduct my reputation and any of my financial and credit status. Please include any and all medical and physical and mental records or reports, including information of a confidential or privileged nature, and photocopies of the same if required. This information is to be used to assist the Hampshire County Commission in determining my qualifications and fitness for the position I am seeking.

I hereby waive all rights to view or have access to any information given to the Hampshire County Sheriff's Office/Commission as part of the employment investigation. I hereby release you, your organization or other from any liability or damage which may result from furnishing the information requested to be released above.

Signature of Applicant

Date signed
