

Hampshire County Emergency Services Agency

1160 Jersey Mountain Rd.

Romney, WV 26757

Phone: (304) 822-7513 Fax: (304) 822-7430

EMS Reserve Program Application

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

Please type or print

Position(s) Applied for:	How did you learn about the position?
---------------------------------	--

Last Name	First Name	Middle Name
------------------	-------------------	--------------------

Mailing Address	City	State	Zip Code
------------------------	-------------	--------------	-----------------

Physical Address (if PO Box or if different from mailing address):

Telephone Number(s):	Best time to contact you?
Home: Cell: Other:	_____ AM/PM (circle one)

Date of Birth:	Social Security Number:
-----------------------	--------------------------------

Email Address:

Have you ever been charged of a crime (excluding traffic violations)?	
If yes, what state?	Date of Charge:

<p>Note to applicants: DO NOT answer this question unless you have been informed about the requirements of the position for which you are applying.</p> <p>Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the position or occupation for which you have applied? A review of the activities involved in such a job or occupation have been given.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
--

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

Summarize special job-related skills and qualifications acquired from employment or other experience. (Please attach a copy of all your certifications/training records).

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

References

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

Reference 1

Name:

Phone Number:

Mailing address:

Email address:

Reference 2

Name:

Phone Number:

Mailing address:

Email address:

Reference 3

Name:

Phone Number:

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: _____

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 acceptance, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the "employer".

Printed/Typed Name of Applicant

Signature of Applicant

Date Signed

Return Application to:

Hampshire County Emergency Services Agency
Attn: Director
1160 Jersey Mountain Rd.
Romney, WV 26757

Or email to: bmalmcolm@hampshirewv.com

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-approval 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 interviews, and 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, present employer, Credit Bureau or Retail Merchants Association, Bank Financial Institution or any other credit extending agency.

I have applied to volunteer 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