# Fredericktown Community Joint Emergency Ambulance District

139 Columbus Road Fredericktown, Ohio 43019 Phone 740-694-0351

### An Equal Opportunity Employer

Please clearly print or type all answers.

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NAME:	Last	First			Middle		- <del>SOCI</del>		 CURITY NUMBER
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CURRENT ADD	CURRENT ADDRESS:		Number & Street		City		State		
List any other nai						Ž			•
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E-MAIL ADDRE	SS:								
		EDUC	ATIC	)N &	TRA	AINING			
Circle Highest Gr	ade Complete	ed 12345	6789	10 11 1	12 H	igh School I	Diploma or	G.E.I	D.   Yes   No
Type of School	Name & Location of School		Grad	Graduated  Yes No  Expected Graduation Date		Type of Diploma or Degree		Major/Minor Field of Study	
Colleges or Universities									
Technical, Vocational or Business Schools									
							,		
License/Certification (PE, R.N., EMT, Paramedic, etc.)		Date Issued Issued By (state or other authority)		License Number			Location of Issuing Authority (city & state)		
			<b> </b>					<del> </del>	
			<u> </u>						

If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)

SPECIAL TRAINING: List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training). **COURSE TITLE** DATE **GRANTING INSTITUTION** SPECIAL SKILLS/QUALIFICATIONS: List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (specialized equipment or machines, tools, vehicles, or heavy equipment). GENERAL INFORMATION Type of Driver's License: CDL (Commercial) Class D (operator) CDL Endorsement(s): ☐ Double/Triple Trailer ☐ Hazardous Materials ☐ Passenger ☐ Tank Vehicle **DISMISSALS AND/OR FORCED RESIGNATIONS**: Have you ever been fired or forced to resign from any position? (Check one) Yes No if answer is Yes to either or both of these questions, please explain below. Have you ever been convicted of a crime, or are there any criminal charges pending against you at the present time? Include felonies, misdemeanors, traffic, and military convictions. Do not include parking violations or juvenile convictions. Failure to admit is cause for disqualification. Falsification of application is sufficient grounds for disqualification. (Check one)  $\square$  Yes  $\square$  No If Yes, please provide the following: Charge: \_\_\_\_\_ City/State: \_\_\_\_ Date: / / Disposition:\_\_\_\_ Date:\_\_/\_\_\_ Charge:\_\_\_\_\_ City/State:\_\_\_\_\_ (If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.) Are you related to any person employed currently by the Fredericktown Community Joint Emergency Ambulance Dist.? (Check One) ☐ Yes ☐ No If yes, please indicate: Relationship:\_\_\_\_\_ Department: \_\_\_\_\_ Position: \_\_\_\_\_

## **EMPLOYMENT HISTORY**

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer, volunteer work, and any periods of unemployment. An explanation of any period of unemployment should be included on page 4.

E	g	
Employer:	Start Date	End Date
Address/City/State:		
Phone: _( Job Title:	C44 Colomy	Einel Colomy
Supervisor: Title:	Starting Salary	Final Salary
Reason for Leaving:		
Briefly Describe the Nature and Duties of Your Po	sition	
Employer:	Start Date	End Date
Address/City/State:		
Phone: _( Job Title:		
Supervisor: Title:	Starting Salary	Final Salary
Reason for Leaving:		
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Briefly Describe the Nature and Duties of Your Po	Sition	
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Employer:	Start Date	End Date
Address/City/State:		
Phone: _( Job Title:  Supervisor: Title:	Starting Salary	Final Salary
Reason for Leaving:	Starting Datary	rinai Saiary
Reason for Leaving:		
Briefly Describe the Nature and Duties of Your Po	sition	
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Employer:			Start Date	End Date
	e:			
Phone: ( )	Job Title:			
Supervisor:	Title:		Starting Salary	Final Salary
Reason for Leavin	ng:			
	Briefly Describe the Na	ture and Duties of Your Po	sition	
Explanation of any	periods of unemployment between j	obs:		
Please list 3 referen	ces other than family:			
Name	Address	Phone Number	Ye	ars Known

#### GENERAL INFORMATION

#### CERTIFICATION AND AGREEMENT

I, the undersigned, certify that I have *read* and *fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from the Fredericktown Community Joint Emergency Ambulance District. I also understand that as a condition of employment it may be subject to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. Employment is also subject to an initial probationary period and verification that age and citizenship/visa status meet legal requirements.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Fredericktown Community Joint Emergency Ambulance District, whether the said records are of a public, private, or confidential nature. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I hereby consent that they may disclose such information to the Fredericktown Community Joint Emergency Ambulance District. A photocopy of this statement will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. By signing below, I acknowledge that I have read, understand, and agree to the above statements.

Signature of Applicant	Date Signed	

AN EQUAL OPPORTUNITY EMPLOYER