

SOUTHEAST SHELBY COUNTY RESCUE

Application for Paid Transport Position

APPLICANT INFORMATION				Date of Birth: _____	
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Current Shift		Desired Salary	
		A B C Other			
Position Applied for		EMT/Driver		Intermediate/Driver	
				Paramedic	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for or volunteered for Southeast Shelby Rescue?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Have you ever been convicted of a crime?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
EMT School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references. Persons who can vouch for your skills and work ethics.</i>	
Full Name	Years Known
Company	Phone ()
Address	
Full Name	Years Known
Company	Phone ()
Address	
Full Name	Years Known
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

License/Certification Information

Drivers License Number	State Issued	Moving Violations in 3 Years
Alabama EMS License Number	Licensed Level	Expiration Date ___/___/___
EMT and Paramedics	EVOC Expiration ___/___/___	CPR Expiration ___/___/___ BTLS ___/___/___
<input type="checkbox"/> Transfer Drugs <input type="checkbox"/> Swift Water Rescue <input type="checkbox"/> Trench Rescue <input type="checkbox"/> Extrication <input type="checkbox"/> Rope Rescue <input type="checkbox"/> HazMat Awareness		
Paramedics	ACLS Expiration ___/___/___	PALS Expiration ___/___/___ GEMS ___/___/___
Other Certifications		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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