



Application for Employment

Today's Date _____

Personal Information

Name _____ Cell Phone #: _____
(Last) (First) (Middle) Email Address: _____

Address _____
(Street) (City) (State) (Zip Code)

Are you 18 years of age or older? Yes No

Are you legally eligible to work in the United States? Yes No

Have you ever previously been employed by the Town? Yes No If yes, when? _____

Do you now or have you ever had a relative employed by the Town? Yes No

If yes, who? _____

Have you ever been arrested or convicted of a crime that has not been expunged by a court?

Yes No If yes, please explain. _____

*Candidates selected for probable employment who are age 18 or older may be required to consent to a background check as a condition of employment.

Employment Desired

Position Desired: _____ Date Available to Work: _____
(Please list the title of the position as posted and do not leave blank or list "any.")

Status Desired: Full-time Part-time Desired Hourly Rate/Base Salary: _____

Are you available to work:
Weekday/daytime hours? Yes No Weekday/evening hours? Yes No

Saturday? Yes No Sunday afternoon? Yes No

Are you currently employed? Yes No

If so, may we contact your present employer? Yes No

Educational Information	Name and Location of School	# of years attended	Degree Received	Subjects Studied/Major
High School				
College or University				
Other (Technical/Trade School, Business School/Other)				

APPLICANT'S PRINTED NAME: _____

Employment History: Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Attach additional sheets of paper if needed. *Incomplete information could disqualify you from further consideration.*

From: _____ To: _____
(Month/Year) (Month/Year)

Employer's Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Position/Title: _____ Part-time Full-time

Briefly Describe Duties: _____

Reason for Leaving: _____ Rate of Pay: _____

Supervisor's Name/Title: _____

From: _____ To: _____
(Month/Year) (Month/Year)

Employer's Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Position/Title: _____ Part-time Full-time

Briefly Describe Duties: _____

Reason for Leaving: _____ Rate of Pay: _____

Supervisor's Name/Title: _____

From: _____ To: _____
(Month/Year) (Month/Year)

Employer's Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Position/Title: _____ Part-time Full-time

Briefly Describe Duties: _____

Reason for Leaving: _____ Rate of Pay: _____

Supervisor's Name/Title: _____

APPLICANT'S PRINTED NAME: _____

Other Skills/Memberships and Affiliations

Do you have any special skills, volunteer experience and/or training that would enhance your ability to perform the position applied for?

Yes No

If so, please explain:

Do you hold a license or professional certification? Yes No

If so, please specify:

Do you participate in any professional associations that would enhance your ability to perform the position applied for?

Yes No

If so, please explain:

References: Please give the names of three persons not related to you, and preferably who you have worked with/for and whom you have known at least 3 years.

<u>Name</u>	<u>Address/Phone/Email</u>	<u>Company Name</u>	<u>Years Known</u>

Please read carefully before signing.

The Town of Argos is an equal opportunity employer. The Town of Argos does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex (pregnancy, gender identity, and sexual orientation), national origin, age (40 and over), disability, genetic information as referenced in the Genetic Information Nondiscrimination Act (GINA), military service veteran status, or any other characteristic protected by federal, state, and local laws. The Town of Argos will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes an obligation for the Town of Argos to hire me. If I am hired, I understand that either the Town of Argos or I may terminate employment at any time for any reason, with or without cause and without prior notice. I understand that no representative of the Town of Argos has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the Town of Argos true and complete information on this application. No requested information has been concealed. I authorize the Town of Argos to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or immediate dismissal.

(Signature of Applicant)

(Date)

Note: Applications for employment will be kept on file for one year from the date of completion.

ARGOS EMERGENCY MEDICAL SERVICE

NOTICE TO CANDIDATES

IN ADDITION TO SUBMITTING YOUR WRITTEN APPLICATION FOR THE TOWN OF ARGOS, YOU WILL BE REQUIRED TO PROVIDE THE FOLLOWING DOCUMENT COMPLETED TO THE BEST OF YOUR KNOWLEDGE IN ORDER TO ADVANCE IN THE HIRING PROCESS.

Guidelines for EMS Candidates

- Must physically be able to lift patients, equipment, and cot.
- Must be able to pass a drug test.
- Must be able to pass random drug tests throughout employment.
- Must be able to pass a criminal history and driver's license check.
- Must be able to follow instructions (Protocols) and carry them out.
- Must pass a Protocol test upon hire and pass a mega code annually.
- Must keep patient information CONFIDENTIAL.
- Must stay within 5 minutes of driving time of the station

You are hereby advised that should you fail to meet any of the following minimum requirements, your application will not be processed further.

1. Written protocol test
2. Skills test
3. Background Investigation
4. Valid Driver's License

After successfully passing the above requirements and having been offered a position with the Argos Emergency Medical Service, you must successfully pass the following tests for hire:

1. Drug test
2. Psychological Evaluation
3. Lift test

Each applicant who is not hired, due to failure to meet the minimum requirements, will be notified in writing.

YOU MUST ANSWER THE REMAINDER OF THIS APPLICATION COMPLETELY AND HONESTLY OR YOUR APPLICATION WILL NOT BE CONSIDERED FOR EMPLOYMENT.

ARGOS EMERGENCY MEDICAL SERVICES

EMPLOYEE APPLICATION

Name:	Date:
Address:	Phone:
Email address:	

Certifications (Including cert number if applicable):	Expiration Date:

Schooling:

High school name and location (City, State):	Degree:
Post High School Cert/Trade School (City, State):	
College and location (City, State):	

General questions:	Y/N
Are you legally allowed to work in the USA?	
Are you 18 years or older?	
Are you able to lift a minimum of 100 lbs at least waist high?	
Do you have any experience using a stretcher and ambulance equipment?	
Are you willing to be vaccinated as required by the State of Indiana EMS or sign a release of responsibility?	
Are you willing to stay within 5 minutes of driving minutes of station for the duration of your shift?	

ARGOS EMERGENCY MEDICAL SERVICE

RELEASE OF PERSONAL INFORMATION

I, _____, hereby authorize the Argos EMS to obtain, copy, secure, and review any and all records and/or charts pertaining to my medical and criminal history records as well as my driver's license history.

I hereby absolve and agree to hold harmless any individual, agency, or institution who supplies data records or information from any liability of whatever nature and from any cause of action which might arise from said transaction.

I understand this information will be kept confidential.

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Applicant's Printed Name

Applicant's Signature

Date

ARGOS EMERGENCY MEDICAL SERVICE

APPLICANT'S STATEMENT

I certify that the answers I have provided on this application are complete and true to the best of my knowledge. I authorize a background check and motor vehicle (driver's license) check as well as investigation of all statements contained in this application. I understand that these answers will aid in the decision of employment. I understand that this application is not a contract of employment.

In the event of employment, I understand that false or misleading information provided in my application or interview(s) may result in termination of employment. I also understand that I am required to abide by all rules and regulations of the Town of Argos in addition to the by-laws of Argos EMS.

I understand that if I am offered employment, it may be necessary to undergo a physical test, written test, psychological exam, and/or drug test. Employment will be determined on these test results.

<input type="checkbox"/>	By checking this box, I understand and agree to all the above.
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Applicant's printed name

Applicant's Signature

Date