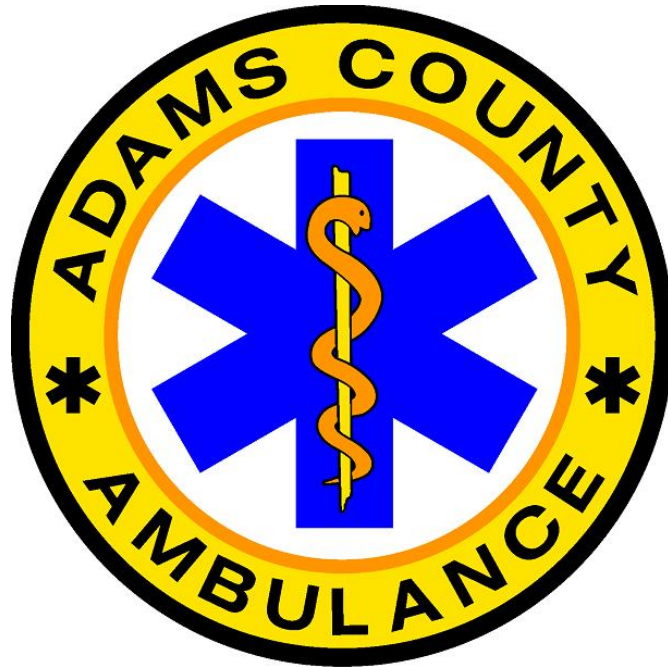


EMPLOYMENT APPLICATION



**ADAMS COUNTY
AMBULANCE &
EMERGENCY MEDICAL SERVICES**
507 Vermont Street * Quincy, IL * 62301

**ADAMS COUNTY AMBULANCE &
EMERGENCY MEDICAL SERVICES**

507 Vermont Street, Quincy, IL 62301
217-277-2001 * ems@co.adams.il.us

EMPLOYMENT APPLICATION

Please type or print legibly with blue or black ink.

Date of Application: _____ Full-time: _____ Part-time: _____

Position Applied For: _____ Date Available: _____

Name: _____
Last First MI

Address: _____
House Number Street City State ZIP

Telephone: (____) _____ Social Security Number: ____-____-_____

If you are presently employed, may we contact your employer? _____

Have you previously been employed by us? _____ If yes, when? _____

List friends or relatives employed by us: _____

Are you at least 18 years old? _____ Have you been convicted of a felony? _____

Have you been convicted of misdemeanor (excluding minor traffic offenses)? _____
Include details on a separate page if needed.

Are you legally eligible to work in the United States of America? _____
(Proof of U.S. citizenship or immigration status will be required upon employment.)

This department requires criminal background and character reference checks on all applicants prior to employment. This portion of the application serves as a release of information to all who receive it and an acknowledgement to the applicant.

Printed Name of Applicant: _____

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

Current Address: _____
House Number Street City State ZIP

Signature: _____ Date: _____

EDUCATIONAL RECORD

<i>Type of School</i>	<i>Dates Attended</i>	<i>Name of School</i>	<i>City, State</i>	<i>Major</i>	<i>Diploma/Degree Certificate</i>
<i>Grade School</i>					
<i>High School(s)</i>					
<i>College/University Vocational School</i>					
<i>EMS Training Facility for EMT-B or Paramedic</i>					

EMERGENCY MEDICAL SERVICES EXPERIENCE

<i>Provider Type</i>	<i>Dates</i>	<i>Department/Service</i>	<i>EMS System and Coordinator</i>	<i>City, State</i>	<i>Contact Person</i>
<i>EMT</i>					
<i>Paramedic</i>					
<i>Other</i>					

Highlight any special skills, career activities, volunteer and civic organizations, and special achievements:

Employment History

Start with your most recent employer

You may copy this page if you think you will need more space.

Employer:	Dates Employed From: To:	Job Duties:
Address: Phone:	Last salary earned:	
Job Title:	Reason for leaving:	
Supervisor:		

Employer:	Dates Employed From: To:	Job Duties:
Address: Phone:	Last salary earned:	
Job Title:	Reason for leaving:	
Supervisor:		

Employer:	Dates Employed From: To:	Job Duties:
Address: Phone:	Last salary earned:	
Job Title:	Reason for leaving:	
Supervisor:		

Employer:	Dates Employed From: To:	Job Duties:
Address: Phone:	Last salary earned:	
Job Title:	Reason for leaving:	
Supervisor:		

PROFESSIONAL AFFILIATIONS

Mark those which apply

- () National Registry of EMTs Registry # _____ Exp. _____
- () State EMS Association(s) _____
- () National Association EMT Association (NAEMT)
- () Other EMS Affiliations _____
-

LICENSURE AND CERTIFICATIONS

Mark those which apply

- () Emergency Medical Technician
Level: _____
State: _____
License #: _____
- () PEPP (Pediatric Emergency Pre-Hospital Provider)
Current: _____
- () PALS (Pediatric Advanced Life Support)
Current: _____
- () PHTLS (Pre-Hospital Trauma Life Support)
Current: _____
- () BTLS (Basic Trauma Life Support)
Current: _____
- () AMLS (Advanced Medical Life Support)
Current: _____
- () ACLS (Advanced Cardiac Life Support)
Current: _____
- () CPR (Cardiopulmonary Resuscitation)
Current: _____

Copies of current and valid EMS and driver's licenses and certifications are required.

APPLICANT'S ACKNOWLEDGEMENT

Read this information carefully before you sign this document

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if my answers are discovered to be untruthful or misrepresented, my application may be rejected, or if I am already employed by the Adams County Ambulance and Emergency Medical Services, any falsifications or misrepresentations on this application may be grounds for dismissal from employment.

I understand the Adams County Ambulance and Emergency Medical Services performs **criminal background and character reference checks** on all applicants prior to employment and I release the information below authorizing its use in the retrieval of pertinent information.

The Adams County Ambulance and Emergency Medical Services is an equal opportunity employer. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Signature: _____ Date: _____

Date of birth: ____/____/____ Social Security Number: ____-____-____

For Office Use Only

Position applied for: _____ Available: _____

Position hired for: _____

Date of hire: _____ Starting wage: _____

Completed by: _____ Date: _____