

Doddridge County Ambulance Authority Application for Employment

Doddridge County Ambulance Authority is an Equal Opportunity Emergency Medical Services agency and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:

JOB #: _____

Name (Last, First, Middle):

Other names under which you have attended school or been employed:

Street Address:

City, State & Zip:

Social Security Number:

Home Phone: _____ Work Phone: _____ Other Phone:

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

Are you 18 years of age or older? Yes ___ No ___ If NO, what is your current age?

Are you currently employed at (company)? Yes ___ No ___

If YES, what is your current job title & department?

Have you ever been employed by (company)? Yes ___ No ___

If YES, dates of employment & reason for leaving:

Are you related to any current (company employee)? Yes ___ No ___

If YES, their name & their relationship to you?

If required for position, do you have a valid driver's license? Yes ___ No ___

If YES, State of issuance, license #, and expiration date:

How did you learn about this employment opportunity at ? Check all that apply:

___ Ad in newspaper ___ Job Bulletin (Posting) /Walk-in ___ Website

___ Dept. of Labor Ad in magazine ___ Referral by employee ___ Other:

EDUCATION

Name of School

City/State

—

Did you graduate? _____ If No, # of years left to graduate _____

If Yes, date of Graduation _____ Degree received

Major _____

High School: Yes ___ No ___ GED: Yes ___ No ___

Other School: Yes ___ No ___

College: Yes ___ No ___

College: Yes ___ No ___

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. *PLEASE DO NOT complete this information with the notation "See Resume."*

PLEASE NOTE: {Doddridge County Ambulance Authority} reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From _____ To _____

Full time / Part-time If part-time, # hrs./wk: _____

Title: _____ Starting Salary: _____

Organization Name and Address:

Final Salary: _____

Supervisor's Name, Title and Phone #:

Other Reference Name, Title and Phone #:

Contact my current references: _____ At any time _____ Only if I am a finalist candidate

Primary duties:

Reason for Leaving:

Dates Employed (most recent position) From _____ To _____

Full time / Part-time If part-time, # hrs./wk: _____

Title: _____ Starting Salary: _____

Organization Name and Address:

Final Salary: _____

Supervisor's Name, Title and Phone #:

Other Reference Name, Title and Phone #:

Contact my current references: _____ At any time _____ Only if I am a finalist candidate

Primary duties:

Reason for Leaving:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Doddridge County Ambulance Authority to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Doddridge County Ambulance Authority serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the Doddridge County Ambulance Authority Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____ Date: _____

Return to:

Donald Lindsey, BS, EMT-P
Executive Director
PO Box 363
West Union, WV 26456

Or email to donnie.lindsey@msn.com