Employment Application

Kanawha County Emergency Ambulance Authority



P.O. Box 292 Charleston, WV 25321 304.345.2312 www.kceaa.org

KANAWHA COUNTY EMERGENCY AMBULANCE AUTHORITY

APPLICATION FOR EMPLOYMENT

TO APPLICANT: FEDERAL AND STATE LAWS REQUIRE THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, SEX, AGE OR NATIONAL ORIGIN.

(PLEASE PRINT)			DATE				
-	NAMELAST		FIRST	MIDDLE	_ SOCIAI	L SECURITY NO	
DERSONAI	ADDRESS	NUMBER	STREET		CITY	STATE	ZIP
	TELEPHONE	NO	REF	ERRED BY: 🗌 O	JR ADVT	. 🗆 FRIEND OR RE	LATIVE 🛛 NO ONE
	POSITION(S)	APPLIED FOR				🗆 FULL	TIME 🗌 PART TIME
	HAVE YOU W	VORKED FOR L	JS BEFORE? 🗌	YES 🗆 NO IF YE	S, WHEN	?POSIT	ION

	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE
Π	ELEMENTARY			
	HIGH SCHOOL			
Z	COLLEGE	MAJOR:		
		DEGREE:		
	EMS			

ARE YOU A U.S. CITIZEN? VES NO IF NO, CAN YOU LEGALLY REMAIN PERMANENTLY IN THE US?

HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUDING MISDEMEANORS AND TRAFFIC OFFENSES)?	IAVE YOU EVER BEEN CONVICTED OF /	CRIME (EXCLUDING MISDEMEANORS A	.ND TRAFFIC OFFENSES)? 🗌 YES 🗌 NO
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IF YES, LIST CONVICTIONS:______

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- Are you willing to work overtime?_____

- Date available for Work?_____

- Do you know any reason why you cannot perform the essential functions of the position for which you are applying?_____

	Employer:		Phone:	From:	To:
	Address:	City, State, ZIP		Position:	I
	Duties:	Supervisor's N	ame:		
				Starting Salary	/Wages:
PRIOF	Reason for leaving:			Final Salary/W	ages:
PRIOR EMPLOYMENT	Employer:		Phone:	From: A	ЖЖЖЖЖИ/[К
	Address:	City, State, ZIP		Position:	
TN	Duties:			Supervisor's N	ame:
				Starting Salary	/Wages:
	Reason for leaving:			Final Salary/W	ages:
	Employer:		Phone:	From:	To:
	Address:	City, State, ZIP		Position:	
	Duties:			Supervisor's N	ame:
				Starting Salary	/Wages:
	Reason for leaving:			Final Salary/W	ages:

May we contact your present employer? \Box YES \Box NO

MIL	BRANCH OF SERVICE	FROM	ТО	RANK & DUTIES	DATE DISCHARGED
ITARY					

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	WV OPERATOR #	
	WV EMT #	EXPIRATION DATE
	WV MICP #	EXPIRATION DATE
~	NR EMT-P #	EXPIRATION DATE
OUR		
QUAI	ACLS PROVIDER	EXPIRATION DATE
_IFIC/	ITLS/PHTLS	EXPIRATION DATE
YOUR QUALIFICATIONS	PEPP	EXPIRATION DATE
S	CPR	EXPIRATION DATE

EMS/FIRE SERVICE RELATED TRAINING:______

EMS/FIRE/PROFESSIONAL AFFILIATIONS (OTHER THAN LISTED UNDER PRIOR EMPLOYMENT):

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Describe for us any qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application.

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The information provided by myself in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, misrepresentation or any false statements may be considered cause for dismissal. I hereby authorize you to investigate all statements in this application as may be necessary. I further understand that this application is not intended to be a contract of employment, nor does this application obligate Kanawha County Emergency Ambulance Authority in any way. Furthermore, I understand that if I am hired, my employment can be terminated with or without cause at any time at the discretion of either the authority or myself. I also understand that this application will remain active for only thirty (30) days, unless I contact Kanawha County Emergency Ambulance Authority in writing on a continuous basis that I am still available for employment.

DATE:	_ SIGNATURE OF APPLICANT:
	Office Use Only
Written Score	_ Date
Practical Score	_ Date
Interview 🗆 YES 🛛 NO	Date
Physical 🗆 YES 🛛 NO	
Hire Date: Part time	Full time
DMV Check:	Comments