

FORSYTH TOWNSHIP EMERGENCY MEDICAL SERVICES

APPLICATION
PLEASE PRINT

PLEASE ACCEPT THIS AS MY APPLICATION TO THE FORSYTH TOWNSHIP EMERGENCY
MEDICAL SERVICES DEPARTMENT
APPLICATION WILL BE KEPT ON FILE FOR SIX (6) MONTHS.

LAST NAME MIDDLE FIRST NAME

CURRENT ADDRESS CITY STATE

HOME PHONE BUSINESS PHONE

SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF CURRENT EMPLOYER

Do you have any objection to us contacting any former employer? Yes No

Date Available if hired. _____

Shifts you are willing to work: _____ Days _____ Evenings _____ Nights
_____ Weekends _____ Holidays

Are you willing to do extra activities like parades, football games, fun daze activities, or what ever may
come up? Yes No

Are you at least 18 years old? _____

Have you ever been convicted of a felony? Yes No

If yes, when _____ Please explain _____

Are there any pending felony charges against you? _____

Have you ever used another name? _____ If so, explain _____

EDUCATION

HIGH SCHOOL OR GED

NAME _____

ADDRESS _____ CITY _____ STATE _____

CIRCLE HIGHEST GRADE COMPLETED

9 10 11 12 FROM _____ TO _____

Did you Graduate? _____ Degree _____

Faculty Reference: 1. _____

2. _____

3. _____

COLLEGE, UNIVERSITY, TECHNICAL SCHOOL

Name _____

Address _____ City _____ State _____ Zip Code _____

Circle Highest Grade Completed

1 2 3 4 From _____ To _____

Did you Graduate? _____ Degree _____

Faculty References: 1. _____

2. _____

3. _____

LICENSED EXPERIENCE

Level of Medical

License _____

MILITARY SERVICE

Were you in the U. S. Armed Forces? _____ What Branch _____

From _____ To _____

Current Status _____ Reserve Status _____

Duties _____

Special Training _____

Citations or Awards Received _____

Type of Discharge _____ Date Discharged _____

Forsyth Township EMS, SOP's require State Certification at the First Responder, EMT, EMTS, or Paramedic Level. Please Attach a copy of your license and current CPR card.

Do you possess any special knowledge or skills which you feel would be an asset to this department?

Drivers License Number _____

EMPLOYMENT HISTORY

Please list employers for the past 10 years, listing most recent first.

Name
Address
Dates of Employment
Supervisor
Position held

Name
Address
Dates of Employment
Supervisor
Position held

Name
Address
Dates of Employment
Supervisor
Position held

Name
Address
Dates of Employment
Supervisor
Position held

Name
Address
Dates of Employment
Supervisor
Position held

REFERENCES

| | | |
|------|---------|-------|
| Name | Address | Phone |
|------|---------|-------|

| | | |
|------|---------|-------|
| Name | Address | Phone |
|------|---------|-------|

| | | |
|-------|---------|-------|
| Name | Address | Phone |
| ***** | | |

IN CASE OF EMERGENCY, NOTIFY:

| | | |
|------|---------|-------|
| NAME | ADDRESS | PHONE |
|------|---------|-------|

I certify that the answers that appear on this application are complete and true. I hereby authorize Forsyth Township and/or its agents to verify any or all of the information provided on this application. In order to verify such information, I hereby authorize all persons, schools, companies and law enforcement agencies to release any records or any other information they may possess relating to my qualifications for the position sought. I also release any individual, partnership or corporation which presently or formerly employed me, any school I attended, their officer, agents and employees and any law enforcement agency from any liability for any damage whatsoever, for issuing such information in good faith and without malice concerning my competence, ethics, character and other qualifications.

I realize that falsification or omissions of any information on this application or during any interview, or receipt of a poor reference may result in rejection of my application or discharge at any time during my employment. I understand a conditional offer of employment may be based on results of a post-hire medical examination. I also understand that any falsification or omission of information in connection with any medical examination may result in rejection of my application or discharge at any time during my employment. **I also understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.**

I will submit to any medical examination deemed necessary by Forsyth Township to evaluate my physical and mental fitness for employment. If employed I will submit to any physical or mental examination deemed necessary by Forsyth township to determine my continued fitness to perform the duties of the job, or whenever such medical examinations are required by state or federal law.

| | |
|---------------------------------------|------|
| Signature of Applicant (DO NOT PRINT) | Date |
|---------------------------------------|------|

On the back of this application, please list in your handwriting the reasons you feel you should be considered for this position and also list what you feel your strengths and weakness are.