

Phone: (620) 374-5911
 Fax: (620) 374-5034

Elk County EMS
 809 E Elk St
 Howard, KS 6349

Email: ems@elkcountyks.org

Application for Employment

Elk County does not discriminate on the basis of race, age, color, gender, religion, national origin, disability, or other protected classes.

If you need assistance in completing this form please let us know.
 (PLEASE PRINT)

Position Applied For _____
 Date of Application _____

Personal Information

Name (First) _____ (Middle) _____ (Last) _____
 Phone (Home) (____) _____ (Other) (____) _____ DOB _____
 Address (Street) _____ (City) _____ (State) _____ (Zip) _____
 Social Security #: _____ Driver's License #: _____ Issuing State: _____

Are you a U.S. citizen or are you authorized to work in this country?	Yes NO	How did you hear about this position?
Are you 18 years old or can you furnish a work permit?	Yes NO	
Have you ever been convicted of a felony?	Yes NO	If yes, give details:
What is your current KS EMS certification level?		Circle one: EMR AEMT EMT EMTP
What is your certification number?		
Have you ever had a certification revoked or suspended?	Yes NO	If yes, give details:
Are you now or have you ever worked for Elk County?	Yes NO	If yes, specify department and dates of employment.
Do you have any relatives currently working for Elk County?	Yes NO	If yes, give employee's name:
Are you currently employed?	Yes NO	May we contact your present employer? YES NO
Are you willing to work overtime?	Yes NO	Can you travel if the job requires it? YES NO
Do you believe you are capable of performing, with or without reasonable accommodation, the essential functions of the job for which you have applied?	Yes NO	On what date would you be available for work?
Are you available to work?		Circle one: Part-time Full-time

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Please list former employers, beginning with your most recent position. Include any job, military service assignments and volunteer activities. You may exclude employers which indicate race, age, color, religion, sex, national origin, disability or other protected status.

Employer: _____ Address: _____ Address: _____ Telephone: (____) _____ - _____ Job Title: _____ Work Performed: _____ _____ _____ Contact Person: _____	Date of Employment: Beginning: ____/____/____ Ending: ____/____/____ Pay Rate/Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____ Reason for leaving: _____ _____
Employer: _____ Address: _____ Address: _____ Telephone: (____) _____ - _____ Job Title: _____ Work Performed: _____ _____ _____ Contact Person: _____	Date of Employment: Beginning: ____/____/____ Ending: ____/____/____ Pay Rate/Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____ Reason for leaving: _____ _____
Employer: _____ Address: _____ Address: _____ Telephone: (____) _____ - _____ Job Title: _____ Work Performed: _____ _____ _____ Contact Person: _____	Date of Employment: Beginning: ____/____/____ Ending: ____/____/____ Pay Rate/Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____ Reason for leaving: _____ _____
Employer: _____ Address: _____ Address: _____ Telephone: (____) _____ - _____ Job Title: _____ Work Performed: _____ _____ _____ Contact Person: _____	Date of Employment: Beginning: ____/____/____ Ending: ____/____/____ Pay Rate/Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____ Reason for leaving: _____ _____

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Education

	School Name	Address	Major	Diploma/ Degree
High School				
College/ University				
College/ University				
Technical School				

Describe any specialized training and skills, including military experience, which may be useful in performing this job: _____

List any additional licenses or certifications you currently hold: _____

Please Read Before Signing

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

I authorize my previous employers and schools to give any information regarding employment or educational records. I agree that this organization and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions, or answers made by me on this application. In the event of my employment with Elk County I will comply with all rules and regulations set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents which have been supplied with this application.

I further understand and agree that my employment is for a definite period of time and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

I hereby acknowledge that I have read and understand the above statements.

Signature _____

Date _____