

BEDFORD COUNTY EMS APPLICATION FOR EMPLOYMENT

Emergency Medical Services Center
119 Frank Martin Road
Shelbyville, TN 37160

Phone (931) 684-4403
Fax (931) 684-3654

Email: bedfordems@bedfordems.com
<http://www.bedfordems.com>

Bedford County EMS is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital, veteran or any other legally protected status.

Position Applying For:		Application Date	Date Available for Work
Last Name	First Name, MI	Social Security #	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State Zip
Home Phone	Can you provide Bedford County EMS with either proof of United States citizenship or authorization to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other than traffic offenses, have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates, offenses and disposition (convictions are not automatic disqualification from employment).			
Have you ever been employed by Bedford County EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Department _____ Date Left: _____ Reason for Leaving: _____			

Are you interested in working full time or part time ? Please list any foreign languages which you speak/understand _____

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree/Certificate? Yes/No	Type	Year Completed
High School						
College						
Post Graduate						
Technical/Other						

Please list any specialized training, apprenticeships, certifications or other skills that you have received.

I am proficient in the following software: _____

Typing speed : _____ wpm Driver's License Number (and State which it was issued): _____

Commercial License Yes No List All Endorsements _____

Please indicate how you learned of this position: Newspaper Ad in _____ Walk-in Internet Site _____

Employee Referral Friend Employment Agency Job Line Other _____

Employment Experience

Start with your present or most recent job. You may include a resume with additional information.

Current or Most Recent Position

May we contact your current employer? Yes No

Employer		Dates Employed		Work Performed:
		From	To	
Address				
Phone		Salary Information		
Your Title	Your Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed:
		From	To	
Address				
Phone		Salary Information		
Your Title	Your Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed:
		From	To	
Address				
Phone		Salary Information		
Your Title	Your Supervisor	Starting	Final	
Reason for Leaving				

Bedford County EMS is an equal opportunity employer and does not discriminate on the basis of sex, race, color, religion, national origin, age or veteran status in employment opportunities or benefits. No question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state and federal law. This application is but one part of the process. Other parts of the process include an interview, written examination, drug screen and a physical demonstration of the ability to perform the essential functions of the job. If you need accommodation in order to complete any part of the hiring process, please contact the EMS director. I give Bedford County EMS the right to investigate all references and to secure additional information about me. I consent to the release of information to Bedford County EMS about my ability and fitness by employers, schools, law enforcement agencies and other individuals and organizations. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. It is understood and agreed upon that any misrepresentations by me in this application will be sufficient cause for cancellation of this application and/or separation from the Department's service if I have been accepted as an employee. I certify that, to the best of my knowledge, all the information and statements provided by me in and with this application are true, correct, complete and provided in good faith.

Signature: _____ Date: _____