

NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.



**MUSKOGEE COUNTY EMERGENCY MEDICAL SERVICE
APPLICATION FOR EMPLOYMENT**

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application _____

Referral Source () Employee () Relative () Advertisement () Government Employment Agency
() Walk-in () Private Employment Agency () Other _____

Name of source (if applicable) _____

Name _____
Last First Middle

Address _____ Social Security # _____

Street City State Zip Code
Telephone # () _____ Pager/Other Phone # () _____ E-mail _____

May we contact you at work? () Yes () No. If yes, your work number is _____

If you are under 18 and it is required, can you furnish a work permit? () Yes () No () N/A
If no, please explain _____

Are you legally eligible for employment in this country?..... () Yes () No

Have you submitted an application here before?.....() Yes () No. If yes, give position(s) and date(s).....

Have you ever been employed here before?.....() Yes () No. If yes, give date(s).....

Date available for work ____/____/____ What is your desired salary range?.....\$ _____

Type of employment desired () Full-Time () Part-Time () Temporary

Are you willing to work.....mark **all** that apply () Days () Evenings () Nights () Weekends
() Split Shifts () Rotating Shifts

If they have been explained to you, are you able to meet the attendance requirements of the position? () N/A () YES () NO

Will you work overtime if required?.....() YES () NO If no, please explain _____

Driver's License number if driving is an essential job function _____ State _____

Will you relocate if job requires it?.....() YES () NO

Will you travel if job requires it?() YES () NO

Have you ever been bonded?.....() YES () NO

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime ... () YES () NO If yes, please provide date(s) and details _____

**Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our company?() YES () NO If yes, please explain _____

Have you ever been terminated (fired) or asked to resign from employment? () Yes () No If yes, please explain _____

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent.

Employer	Telephone # () ()	Dates employed		Job Description
		From	To	
Address				
Starting Job Title / Final Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor And Title		\$	Per	
Reason For Leaving		Hourly Rate/Salary		
		Final		
May We Contact For Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
What did you like most about this job?		What did you like least about this job?		

Employer	Telephone # () ()	Dates employed		Job Description
		From	To	
Address				
Starting Job Title / Final Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor And Title		\$	Per	
Reason For Leaving		Hourly Rate/Salary		
		Final		
May We Contact For Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
What did you like most about this job?		What did you like least about this job?		

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Immediate Supervisor And Title		\$	Per	
Reason For Leaving		Hourly Rate/Salary		
		Final		
May We Contact For Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
What did you like most about this job?		What did you like least about this job?		

Comments: Explain any gaps in employment _____

References

List three business/professional references not related to you and are *not* previous supervisors.

Name	Telephone	No. of years known
	()	
	()	
	()	

Educational Background (if job related)

List last three schools attended, starting with the most recent.

A. School	B. Number of years completed	C. Degree or Diploma	D. GPA or Class Rank

Skills and Qualifications

List any special training that you've completed that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

Comment on any additional related experience(s) you may have had that may qualify you as being able to perform job-related functions in the position for which you are applying. (For Example: Clinical Experience, Home Health Care, Urgent Care, Senior care, Pharmacy, Voluntary Service, etc...) _____

License and Certification Information

List all applicable licenses or certifications that you have and their expiration dates below:

License/Certification	# (If Applicable)	Date Issued / /	Expiration Date / /
License/Certification	# (If Applicable)	Date Issued / /	Expiration Date / /
License/Certification	# (If Applicable)	Date Issued / /	Expiration Date / /
License/Certification	# (If Applicable)	Date Issued / /	Expiration Date / /

Additional Information

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran / reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc...

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran / reserve national guard or any other similarly protected status.

List any additional information you would like us to consider.

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

() YES () NO () Need more information about the job's "essential functions" to respond.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employee or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Director.

I also understand that if I am hired, I will be required to provided proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

RELEASE FORM FOR CONSUMER REPORTS

In connection with my application for employment (including contract for services) I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State, local and other agencies, which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

I have the right to make a request of HireCheck Applicant Background Checks (or other applicable company) upon proper identification and payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Print your **full** name _____
Street Address _____
City _____ State _____ Zip _____
Social Security Number _____
Driver's License **State** _____ **License number** _____

For Identification purposes:

Date of Birth: Month _____ Day _____ Year _____ Gender _____

Other or former names (Print) _____

Professional License: State _____ Type _____ Number _____

Signature _____ Date _____

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