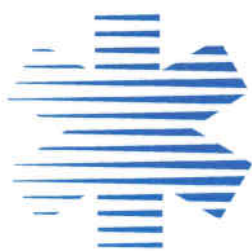


Mecklenburg Emergency Medical Services Agency

# Application for Employment



**MEDIC**

Mecklenburg EMS Agency

AN EQUAL OPPORTUNITY EMPLOYER



## EMPLOYMENT HISTORY

Please begin with present or most recent employer, also list summer and temporary employment. Account for all periods of employment and unemployment for the last ten years or last five employers, whichever covers the longest period of time. If part-time position, number of hours worked each week.

Employer		Dates Worked		Work Performed
		From	To	
Address	Phone (      )			
Job Title		Annual salary or hourly rate		
		Starting	Final	
Supervisor Name & Title				
Reason for leaving				

Employer		Dates Worked		Work Performed
		From	To	
Address	Phone (      )			
Job Title		Annual salary or hourly rate		
		Starting	Final	
Supervisor Name & Title				
Reason for leaving				

Employer		Dates Worked		Work Performed
		From	To	
Address	Phone (      )			
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Supervisor Name & Title				
Reason for leaving				

May we check your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been fired from a job, or know of any reason why you might receive an unfavorable reference? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain.

## SPECIAL SKILLS/CERTIFICATIONS

List any business machines or equipment you are experienced in operating:	Typing speed WPM _____	List all computer software you are proficient in:			
Certifications (identify skill level) <input type="checkbox"/> EMT - Paramedic <input type="checkbox"/> EMT - Basic <input type="checkbox"/> EMT - Intermediate <input type="checkbox"/> EFD <input type="checkbox"/> EMD <input type="checkbox"/> EMT - Defibrillation		State	Expiration Date	Are you an instructor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Certifications and Expiration Dates.		<input type="checkbox"/> APCO _____ <input type="checkbox"/> ACLS _____ <input type="checkbox"/> BTLS _____ <input type="checkbox"/> EVOC _____ <input type="checkbox"/> BCLS _____ <input type="checkbox"/> PALS _____ <input type="checkbox"/> NAPD _____			
List any other special job related skills and qualifications you have which you feel would qualify you for a position with this Agency:					

## EDUCATION

Name of school	City, State	Major/Minor Subjects	Last year comp.	Diploma/Degree
High school			9   10   11   12	
College/University			1   2   3   4	
College/University			1   2   3   4	
Business/Technical			1   2   3   4	
Other			1   2   3   4	
Describe other education or specialized training.				
Scholastic honors (honor societies, prizes, scholarships, etc.)				

## REFERENCES

Please list two personal and one business reference (not relatives) who have known you for at least three years.				
Name	Address	Phone	Occupation	Yrs. Known

## APPLICANT'S STATEMENT

Please read the following statements carefully.

I certify the information given by me in this application or in connection with processing my application is true in all respects. I understand that if the information is found to be false, misleading, or unsatisfactory in any respect, or if I fail to give any requested information, that I will be disqualified from consideration for employment or be subject to dismissal if discovered after I am hired.

I authorize a criminal and civil background investigation and driving record check and the investigation of all information in the application, and to verify my statements. I further authorize my past employers, doctors, schools, all references, and other persons to answer all questions asked concerning my ability, work habits, and previous employment record. I understand the information gathered is to be used to assist in the determination of my qualifications and fitness for employment with Mecklenburg Emergency Medical Services Agency. I release all such persons and past employers from any liability or damages on account of having furnished such information.

I understand that my employment will be subject to my successfully passing a substance abuse test and possibly a physical examination provided at the Agency's expense. I voluntarily consent to the collection of urine, saliva or blood samples from me by the Agency or its agents to determine the medical information, to authorized Agency personnel for their review. I understand that my refusal to take such a test will preclude my hire or require my discharge as the case may be. Should the test indicate the presence of drugs other than those being used for a legitimate medical purpose, I further understand I will be disqualified from employment and the conditional offer of employment will be withdrawn.

I authorize periodic driving record and criminal background investigation checks as needed. I further consent to submit to and cooperate in any questioning, any searches of my person, vehicle, storage area, bags, containers, or other belongings on or in Agency property that the Agency, at its discretion may request.

I understand that this employment application and any other Agency documents completed by me are not promises of employment. I understand that I can terminate my employment with or without cause and with or without notice, at any time, and that the Agency has the same right. I understand that no manager or representative of Mecklenburg Emergency Medical Services Agency has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the Executive Director may do so in writing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMPLOYMENT HISTORY

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Supervisor Name & Title				
Reason for leaving				

May we check your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been fired from a job, or know of any reason why you might receive an unfavorable reference? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain.



# DATA SHEET

Mecklenburg Emergency Medical Services Agency is pursuing an Equal Employment Opportunity Action Plan to insure equal employment opportunity in its hiring practices. We are asking you to help us in this effort by completing the data below. Completing the data form will assist us in monitoring the effectiveness of our program. The completion of this form is voluntary and will be filed separately from your application. It will not be used to discriminate against you in any way in the employment process and will not subject you to adverse treatment. Thank you.

Position Title: \_\_\_\_\_

Name: \_\_\_\_\_  
(LAST) (FIRST) (MI)

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: \_\_\_ Female \_\_\_ Male

Ethnic Origin:

Are you Hispanic or Latino \_\_\_ Yes \_\_\_ No

\_\_\_ White (Not Hispanic or Latino) \_\_\_ Black or African American (Not Hispanic or Latino)

\_\_\_ Native Hawaiian or Other Pacific Islander – (Not Hispanic or Latino)

\_\_\_ American Indian (Not Hispanic or Latino) \_\_\_ Two or More Races (Not Hispanic or Latino)

**NOTE: Ethnic origin as defined by the Equal Opportunity Commission:**

Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.

White All persons having origins in any of the original people of Europe, North Africa, or Middle East. (Not of the Hispanic origin)

Black All persons having origins in any of the Black racial groups of Africa. (Not of the Hispanic origin)

Native Hawaiian or other Pacific Islander All persons having origins in any of the origin peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islanders. This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. (Not of the Hispanic origin)

American Indian All persons having origins of the original peoples of North American, and who maintain Cultural identification through tribal affiliations or community recognition. (Not of the Hispanic origin)

National Origin: \_\_\_\_\_

Veteran: \_\_\_ Yes \_\_\_ No

If yes, check: \_\_\_ Vietnam Era (1962-1975) \_\_\_ Other \_\_\_ Disabled

Disability(s): \_\_\_ Yes \_\_\_ No

If yes, disabling conditions: \_\_\_\_\_



## BACKGROUND SCREENING APPLICANT INFORMATION FORM

PLEASE PRINT YOUR NAME AS SHOWN ON DRIVER'S LICENSE

FIRST <i>(Black Or Blue Ink Only)</i>	MIDDLE	LAST	MAIDEN / AKA
SOCIAL SECURITY NUMBER	STATE ISSUED	DATE OF BIRTH (MONTH/DAY/YR) <i>(For Identification Purposes Only)</i>	
DRIVER'S LICENSE NUMBER	STATE		

PLEASE PROVIDE 7-YEARS OF ADDRESS HISTORY

CURRENT ADDRESS	CITY	STATE	ZIP	YEARS	MONTHS
PREVIOUS ADDRESS	CITY	STATE	ZIP	YEARS	MONTHS
PREVIOUS ADDRESS	CITY	STATE	ZIP	YEARS	MONTHS
PREVIOUS ADDRESS	CITY	STATE	ZIP	YEARS	MONTHS

PLEASE SIGN HERE

DATE

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.*

REQUESTING COMPANY

NAME

TEL

## DISCLOSURE AND AUTHORIZATION FORM

\_\_\_\_\_ (the "Company") will procure a consumer report and/or investigative consumer report on you for employment purposes. Personnel Profiles Employment Screening, Inc., PO Box 7495, Mesa AZ 85216 Tel. 877.225.2591 will prepare the report. The report will contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: credit reports, social security number verification, criminal records check and conviction history, court, educational, and driving record history, verification of employment positions held, personal, professional, licensing and certification checks, drug testing results, etc. The information in the report will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates. You may request more information respecting the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

**Additional State Law Notices:** If you live or are applying for a job in California, Maine, New York or Washington, please note:

**California:** You may view and obtain the file maintained on you by Personnel Profiles upon submitting proper identification and paying the costs of duplication services, by appearing at their offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**Maine:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**New York:** You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

**Washington State:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

**Residents of, or for Jobs Located in, California, Minnesota and Oklahoma Only** will be provided with a free copy of any consumer reports or investigative consumer reports on you if you check the box below. You may obtain information or copies from the Company's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting the Company.  I request a free copy of the report.

**Fair Credit Reporting Act Notification** You have the right to receive a copy of your consumer credit report should one be requested for employment reasons.  I request a free copy of the report.

### AUTHORIZATION

I have carefully read and under this Disclosure and Authorization form. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by Personnel Profiles Employment Screening, Inc., to the Company. I understand that if the Company hires me, my consent will apply throughout my employment. I understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports or investigative consumer reports.

**By my signature below,** I also authorize the disclosure of information concerning my employment history, earnings history, education, credit history, credit capacity and credit standing, driving record history and standing, criminal records check and conviction history, pre-employment drug test results, and all other information deemed pertinent by the consumer reporting agency to the agency by the following: my past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and motor vehicle record agencies.

**PLEASE FILL OUT AND SIGN BELOW**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
SSN NUMBER

\_\_\_\_\_  
PLEASE SIGN HERE

\_\_\_\_\_  
DATE



## STATEMENT OF RESIDENCY

Please provide the requested information below for all places of residence since birth. Be sure that you provide the name of the county in which you reside for each location. Start with your current address and list backward in time. You may attach additional sheets if needed.

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

RESIDED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

RESIDED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

RESIDED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

RESIDED FROM: \_\_\_\_\_ TO: \_\_\_\_\_