



Cary Area EMS

107 Medcon Court, Cary, NC 27511, 919-380-6909
http://www.caryems.org

CARY AREA EMS APPLICATION FOR EMPLOYMENT

Cary Area EMS, Inc. is an equal opportunity employer. It adheres to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, ethnic origin, national origin, marital or veteran status, citizenship, age, or disability.

Instructions: You must complete this application even if a resume is attached. Type or print in ink. Please answer all questions completely and accurately. If more space is needed, attach additional sheets referring to an applicable section of the application. Return to PO Box 2, Cary, NC 27512 or email to chief@caryems.com

Type of Position applying for: Full Time Casual Time Volunteer Other _____

Certification Level of Position applying for: EMT-Paramedic EMT-Intermediate EMT-Basic

Name: _____
(Last, First, Middle)

Social Security Number: _____

Address: _____
(Street, Apt. #) City, State, Zip Code

Previous Address: _____
(If less than 5 years at current address)

Telephone: _____ Cell phone Carrier: _____
Home Cell

Email Address: _____ Preferred Nickname: _____

Please answer the following questions:

Are you over age 18? Yes No

Driver's License Information: Number: _____ State: _____ Expiration Date: _____ Class: _____

Have you had any moving violations in the last year? Yes No
If yes, explain fully _____

Have you been convicted of Driving Under the Influence (DUI) or any other traffic violations in the last seven years? Yes No
If yes, explain fully _____

Are you a veteran? Yes No If yes, what were your dates of Military Service? _____

Are you a member of the Military Reserves? Yes No

List any other names under which you have worked, applied for work, or attended school: _____

Are you a U.S. Citizen? Yes No

If not, are you eligible to accept permanent employment in this country? Yes No

Visa type: _____

EDUCATION:

Name of High School	Address	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you did not graduate from high school do you have a G.E.D. equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No Date received:		Is the G.E.D.: <input type="checkbox"/> Military or <input type="checkbox"/> Civilian

College/University Name/ Address	Dates Attended (Mo/Yr)		Credit Hours Earned		Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree
	From	To	Qtr.	Sem.		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Business, Trade, Technical Schools and other Training	Dates Attended (Mo/Yr)		Hours Per Week	Certificates Received	Subject Taken
	From	To			

Current NC EMS Certification	Institution/Agency	Date of Issuance	Expiration Date	License Number

Have you completed a Wake County EMS System Academy? Yes No

If so, have you been medically cleared to practice at your level by the Medical Director? Yes No

Have you ever been reprimanded and/or disciplined by your medical director? Yes No

If yes, please explain: _____

Are your continuing education requirements up to date? Yes No

Where have you been receiving your continuing education? _____

List all emergency services certifications and/or training you have completed (this includes ICS, Hazmat, PALS, ACLS, BTLIS, etc.)

Certification or Training	Date Completed	Expiration Date

EMPLOYMENT HISTORY:

Complete the entire section in detail; do not use "see resume." List chronologically all employment for the last 10 years including current, part-time, and volunteer employment. All time must be accounted for. Any length of time not employed, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history, if necessary.

May we contact your current employer for a reference? Yes No Not Applicable

1. Name of Present or last employer:					
Address:					
Job Title:		Beginning Salary:		Ending Salary:	
From: Month	Year	To: Month	Year		
Supervisor's Name:			Phone Number:		
Duties & Responsibilities:					
Reason for Leaving:					

2. Name of Present or last employer:					
Address:					
Job Title:		Beginning Salary:		Ending Salary:	
From: Month	Year	To: Month	Year		
Supervisor's Name:			Phone Number:		
Duties & Responsibilities:					
Reason for Leaving:					

3. Name of Present or last employer:			
Address:			
Job Title:		Beginning Salary:	Ending Salary:
From: Month Year		To: Month Year	
Supervisor's Name:		Phone Number:	
Duties & Responsibilities:			
Reason for Leaving:			

4. Name of Present or last employer:			
Address:			
Job Title:		Beginning Salary:	Ending Salary:
From: Month Year		To: Month Year	
Supervisor's Name:		Phone Number:	
Duties & Responsibilities:			
Reason for Leaving:			

List below the names and addresses of two (2) persons (*not relatives or former employers*) who have knowledge of your character and qualifications and whom we may contact:

Name	Address	Phone Number

Use this space for any additional remarks, or to complete or enlarge upon information given elsewhere in the application.

VOLUNTEER EXPERIENCE:

Have you ever volunteered for an EMS and/or Fire agency? Yes No

If yes, please list your two most recent agencies related to EMS and Fire services ONLY.

Agency (current <input type="checkbox"/> Yes <input type="checkbox"/> No):		
Address:		
Job Title:	Start Date:	End Date:
Supervisor's Name:	Phone Number:	
Duties & Responsibilities:		
Reason for Leaving:		

Agency (current <input type="checkbox"/> Yes <input type="checkbox"/> No):		
Address:		
Job Title:	Start Date:	End Date:
Supervisor's Name:	Phone Number:	
Duties & Responsibilities:		
Reason for Leaving:		

CERTIFICATION: (Please read the application and your answers carefully before signing.)

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Cary Area EMS, Inc. to thoroughly investigate my references, work records, education, criminal background and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Cary Area EMS, Inc., my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer is contingent on my passing a pre-employment drug screen, pre-employment criminal background check, a pre-employment physical and a pre-employment psychological test (if applicable). By signing this application, I voluntarily agree to submit to a pre-employment drug screen, pre-employment criminal background check, pre-employment physical and psychological test (if applicable) I understand that failure to pass the drug screen, physical and/or psychological test (if applicable) will result in withdrawal of the employment offer.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Cary Area EMS, Inc. is of an "at will" nature, which means that I may resign at any time and Cary Area EMS, Inc. may discharge me at any time with or without cause.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Signature of Applicant

Date

Application Checklist

This check list is for your use and should not be turned in with your application.

- Copy of NC EMT (Basic, Intermediate, or Paramedic) certification.
- Copy of your driver's license.
- Copy of your driving record.

If you live in Wake County, here is the address:

NCDMV Headquarters Building
1100 New Bern Ave.
Raleigh, NC 27697-0001

Here is a link that will be of assistance:

http://www.ncdot.org/dmv/other_services/recordsstatistics/copyDrivingRec.html

Other Important Information

- Prior to your interview we recommend you review the Wake County protocols, particularly if you are not currently in the Wake County system. This will be helpful.
- Here is a link to the website where you can download electronic copies of the protocols:

<http://www.wakegov.com/ems/medical/emsprotocols.htm>