



Casey County EMS Application For Employment

NAME: _____
POSITION: _____
DATE: ____/____/____

We consider applicants for all positions without regard to race, color, religion, creed national origin, age disability, marital or veteran status, or any other legally protected status.

[PLEASE PRINT]

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement Relative Inquiry
 Employment Agency Friend Other _____

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Numbers		SSN	
HOME	CELL		

Best time to contact you at home is: : ____ am/pm

If you are under 18 years of age can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?..... Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of Citizenship or Immigration status will be required upon employment..... Yes No

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

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part - Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it?..... Yes No

Have you been convicted of a felony within the last five years? Yes No

A criminal record does not constitute a bar to employment and will be considered as it relates to the job in question.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

1	Employer	Dates Employed From To	Work Performed
	Address		
	Telephone Number(s)	Hourly Rate/Salary Starting Final	
	Reason For Leaving		

2	Employer	Dates Employed From To	Work Performed
	Address		
	Telephone Number(s)	Hourly Rate/Salary Starting Final	
	Reason For Leaving		

3	Employer	Dates Employed From To	Work Performed
	Address		
	Telephone Number(s)	Hourly Rate/Salary Starting Final	
	Reason For Leaving		

4	Employer	Dates Employed From To	Work Performed
	Address		
	Telephone Number(s)	Hourly Rate/Salary Starting Final	
	Reason For Leaving		

If you need additional space, please continue on a separate sheet of paper

<p>List professional, trade, business or civic activities and offices held <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i></p>

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

Terminal

Spreadsheet

PC/MAC

Word Processing

Calculator

Copier

Production/Mobile Machinery (List)

Other (List)

State any additional information you feel may be helpful to us in considering your application.

Note To Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review if the activities involved in such a job or occupation has been given. Yes No

REFERENCES

Name:	Phone:
Address:	City, State Zip:
Name:	Phone:
Address:	City, State Zip:
Name:	Phone:
Address:	City, State Zip:

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

This application for employment shall be considered active for a period not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR DEPARTMENT PERSONNEL USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date: _____

Arrange Interview Yes No

Remarks:

Interviewer _____ Date _____

Employed Yes No Date of Employment: _____

Job Title: _____ Hourly Rate/Salary: _____

Department: _____

Hired By: _____ Date _____
Name and Title

Interview Notes:



**REQUEST FOR CONVICTION RECORDS
FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD**

Pursuant to KRS 17.167, Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

CASEY COUNTY AMBULANCE SERVICE ~ P.O. BOX 1388 ~ LIBERTY, KENTUCKY 42539

Organization Name and Address

ACKNOWLEDGEMENT BY APPLICANT

I have applied for employment or a volunteer position with one of the following organizations: a paid or volunteer fire department (certified by the Commission on Fire Protection Personnel Standards and Education), an ambulance service (licensed by the Commonwealth of Kentucky), or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Emergency Management). I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

I have applied for a position with the above stated organization.

APPLICANT INFORMATION (PLEASE PRINT)

NAME:
First Middle Last Maiden

ADDRESS:
Street City State Zip

SEX: RACE: DATE OF BIRTH: SOC SEC NO:

Signature _____ Date _____

Witness _____ Date _____

INSTRUCTIONS:

The Requesting agency must confirm that all application information is completed accurately and legibly.

Requests should be accompanied by two, self-addressed stamped envelopes – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identifications and Records Branch
Criminal History Dissemination Section
1266 Louisville Road
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>