# Employment Application Roane County Emergency Squad, Inc.



200 E. Main St.

Spencer, WV 25276

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www.roaneems.com

### Roane County Emergency Squad, Inc. Employement Application

Roane County Emergency Squad, Inc. is an equal opportunity employer. In all our employment practices, including hiring we are firmly committed to equal opportunity without regard to race, religion, color, sex, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state, or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

Name:	Last Name			First I		
Address:	# Str	oot.	City		State	7:
	# Str	eet	City		State	Zip
Telephone:	:	Cell	:		⊏	18 or Older? Yes No
DOB:			SSN:			
_	ate / DMV ense #:		Ex	p. Date:	1 1	
What are y	ou applying for?	Full Ti	me	Part Time		
What Posit	tion are you applyir	g for?	EVO	ЕМТ		ACT / EMT-I
			Paramed	ic	RN / Parar	nedic
Are you cui	rrently certified in V	VV?		WVOEMS	#:	
Are you w	villing to work over	rtime?		Date availab	le to Work:	/
Do you kno you are app	ow any reason why plying?	you cannot perforn	n the essential	functions of th	e position for v	which
Are you a l	US Citizen?	If No, Ca	an you Legally r	emain permanent	tly in the US?	
Have you e	ver had your Certifi	cation or Right to Pr	actice Suspen	ded or Revoked	? YI	ES NO
If Yes, Plea	ase Explain:					

#### Roane County Emergency Squad, Inc. Prior Employement History

Employer:		Phone:	From:		To:	
Address:	City, State, Zip	p		Position:	<b>.</b>	
Duties:				Supervisor's Na	ame:	
				Starting Salary	/Wages:	
Reason for leaving:				Final Salary/W	ages:	
				=		
Employer:		Phone:	From:		To:	
Address:	City, State, Zi	p	-	Position:	•	
Duties:				Supervisor's Na	ame:	
				Starting Salary	/Wages:	
Reason for leaving:				Final Salary/W	ages:	
Employer:		Phone:	From:		То:	
Address:	City, State, Zip	p		Position:		
Duties:	•			Supervisor's Na	ame:	
				Starting Salary	/Wages:	
Reason for leaving:				Final Salary/W	ages:	
May we contact your presen	t employer?	Yes		No		
Prior / Current MILITARY	Service					
Branch of Service	From	То	Rank &	& Duties	Date Discharged	l

## Roane County Emergency Squad, Inc. Prior Employement History

Prior Employement History						4
	<b>QUALIFICA</b>		_	ride copies of all current certifications	;	
	•	]	Exp Date:		Yes	No
	First Aid			<b>Emergency Vehicle Operator</b>		
	CPR Basic Prov	ider		Hazardous Materials Awareness	s	
	PEPP / PALS Pro	vider		WVOEMS MCI 1 & 2		
	ITLS/PHTLS Pro	vider		Bloodborne Pathogens		
	AMLS Provider	_		HIPPA Training		
	ACLS Provider			C3 - IFT (Paramedic Only)		
REF	ERENCES	,				
	ionship	Name		Address, City & State	Phone #	
1						
2						

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#### Roane County Emergency Squad, Inc. Prior Employement History

A RECORD OF CONVICTION WILL EXCLUDE YOU FROM CONSIDERATION, UNDER WEST VIRGINIA CODE, 15-5-15, THIS INFORMATION WILL BE USED FOR JOB RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW.

#### **AGREEMENT**

I hereby certify that I have read fully completed this application and that the facts set forth in this employment application (and accompanying copies of certifications or resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further understandthat this application is not intended to be a contract of employment, nor does this application obligate Roane County Emergency Squad, Inc. in any way. Furthermore, I understand that if I am hired, my employment with the Roane County Emergency Squad, Inc. is at will. This means I am free to termiate my employment at any time, for any reason, with or without cause, and Roane County Emergency Squad, Inc. retains the same rights. I also understand that this application will only be considered for thirty (30) days, unless I contact Roane County Emergency Squad, Inc. in writing on a continuous asis that I am still available for employment.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the references and/or employers listed on this application to give you any and all information concering my previous (or current) employment and pertinent information they may have, personal or otherwise, and release all parties from all liability, for any damage(s) that may result from furnishing such information to you. I agree and undrstand that Roane County Emergency Squad, Inc. and it's agents may investigate or seek information concerning my background and/or previous employment, Criminal Background, & DMV History, whether of record or not. I further agree and understand that if employed, Roane County Emergency Squad, Inc. may at any time seek any information from whatever source, which in it's direction, it deems relevant to my employement.

Signature.	Dati.	
DRUG TESTING AND USE POLICY: All	persons seeking employment or employed with Roane Co. Emergency Squad, Inc. are required	
to take and pass a screening for illegal drugs, and	alcohol, and may be subject to periodic and random tests for illegal drugs. I hereby voluntarily	
consent to provide a urine specimen (or blood spe	cimen as required for alcohol testing only) at a collection facility designated by the Roane	
Co. Emergency Squad, Inc., and further consent t	to have the specimen tested at a laboratory selected by the Roane Co. Emergency Squad, Inc.	
Signature:	Date:	
PHYSICAL AGILITY TEST: All applicants	must pass a physical agility test consisting of 1. loading and unloading a 150 pound patient into and	
out of an ambulance. 2. Carrying a patient while	on the stretcher for a distance of no less than twenty (20) feet. 3. Lift and move equipment from	
an elevate platform to the ground using proper lif	fting techniques. 4. Applicant must perform adequate CPR for two (2) minutes. If the applicant	
is unable to perform any segments of the physical	agility test inadequately, the applicant may not be considered for employment. However, if it is	
felt the applicant would be able to pass the Physic	al Agility Test with additional training, the employee candidate will be given additional thirty	
(30) days and the be re-evaluated. If the employee	e candidate is unable to pass the test at that time consideration of employment with Roane Co.	
Emergency Squad, Inc. will be terminated.		
Signature:	Date	