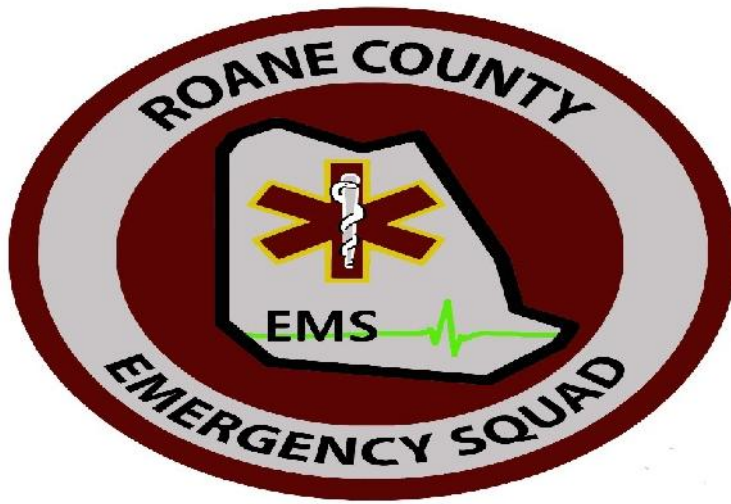


Employment Application
Roane County
Emergency Squad, Inc.

NAME:



200 E. Main St.
Spencer, WV 25276
Ph: 304-927-3725
Fax: 304-927-2109
www.roaneems.com

Roane County Emergency Squad, Inc.

Prior Employment History

Employer:		Phone:	From:	To:
Address:		City, State, Zip		Position:
Duties:			Supervisor's Name:	
			Starting Salary/Wages:	
Reason for leaving:			Final Salary/Wages:	

Employer:		Phone:	From:	To:
Address:		City, State, Zip		Position:
Duties:			Supervisor's Name:	
			Starting Salary/Wages:	
Reason for leaving:			Final Salary/Wages:	

Employer:		Phone:	From:	To:
Address:		City, State, Zip		Position:
Duties:			Supervisor's Name:	
			Starting Salary/Wages:	
Reason for leaving:			Final Salary/Wages:	

May we contact your present employer? Yes No

Prior / Current MILITARY Service

Branch of Service	From	To	Rank & Duties	Date Discharged

Roane County Emergency Squad, Inc.

Prior Employment History

QUALIFICATIONS

-- Please Provide copies of all current certifications
Exp Date: _____

			Yes	No
<input type="checkbox"/>	First Aid	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CPR -- Basic Provider	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PEPP / PALS Provider	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ITLS/PHTLS Provider	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	AMLS Provider	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ACLS Provider	_____	<input type="checkbox"/>	<input type="checkbox"/>
		Emergency Vehicle Operator	<input type="checkbox"/>	<input type="checkbox"/>
		Hazardous Materials Awareness	<input type="checkbox"/>	<input type="checkbox"/>
		WVOEMS MCI 1 & 2	<input type="checkbox"/>	<input type="checkbox"/>
		Bloodborne Pathogens	<input type="checkbox"/>	<input type="checkbox"/>
		HIPPA Training	<input type="checkbox"/>	<input type="checkbox"/>
		C3 - IFT (Paramedic Only)	<input type="checkbox"/>	<input type="checkbox"/>

EMS / FIRE SERVICE ADDITIONAL RELATED TRAINING: _____

REFERENCES

Relationship	Name	Address, City & State	Phone #
1			
2			
3			

Roane County Emergency Squad, Inc. Prior Employment 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 understand that 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 terminate 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 basis 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 concerning 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 understand that Roane County Emergency Squad, Inc. and its 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 its direction, it deems relevant to my employment.

Signature: _____

Date: _____

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 specimen as required for alcohol testing only) at a collection facility designated by the Roane Co. Emergency Squad, Inc., and further consent 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 elevated platform to the ground using proper lifting 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 Physical Agility Test with additional training, the employee candidate will be given additional thirty (30) days and be re-evaluated. If the employee candidate is unable to pass the test at that time consideration of employment with Roane Co. Emergency Squad, Inc. will be terminated.

Signature: _____

Date: _____