

Coshocton County EMS

APPLICATION FOR EMPLOYMENT

** Please include your Resume **

PLEASE PRINT LEGIBLY

FIRST	MIDDLE	LAST	
NAME: _____			APPLICATION DATE: _____
ADDRESS: _____			TELEPHONE: _____
_____			CELL #: _____
E-MAIL _____			
<i>Please write legibly!</i>			

Date available to start work _____	Certification Level _____
<u>Availability (check all that apply)</u>	Desired Salary Range _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	

PERSONAL DATA

- Yes No Have you previously applied for a job with Coshocton County? When? _____
- Yes No Have you ever been employed by Coshocton County?
When? _____ Reason for leaving: _____
- Yes No Have you previously applied for a job with Coshocton County EMS? When? _____
- Yes No Are you related to anyone employed by the County?
If yes, state name and relationship: _____
- Yes No Are you legally permitted to work in the United States?
- Yes No Are you a veteran?
If yes, Branch of Service _____ Honorable Discharge? Yes No
- Yes No Do you have a valid Ohio driver's license?
- Yes No Have you ever been dismissed from or asked to resign from any employment position?
If yes, please explain _____
- Yes No Have you ever been convicted of a crime (felony or misdemeanor) other than a minor
traffic violation?
If yes, please explain _____
- Yes No Have you ever been arrested for any traffic-related incidents?
If yes, please explain _____
- Yes No Have you ever been employed by another public employer in Ohio?
If yes, please explain _____
- Yes No Are you able to perform the essential functions of the job for which you are applying with
or without reasonable accommodation? (Should there be a question, please refer to the job
description.)
If no, please explain _____
- _____

EMPLOYMENT EXPERIENCE

Current Employer/Company Name			
Address		Telephone	
City	State	Zip	Name of Supervisor
Dates of Employment		Start Date	End Date
Final Salary			
Name and Phone of Your Reference for This Job			
Job Description			

Previous Employer/Company Name			
Address		Telephone	
City	State	Zip	Name of Supervisor
Dates of Employment		Start Date	End Date
Final Salary			
Name and Phone of Your Reference for This Job			
Job Description			

EMPLOYMENT EXPERIENCE

Current Employer/Company Name			
Address		Telephone	
City	State	Zip	Name of Supervisor
Dates of Employment		Start Date	End Date
Final Salary			
Name and Phone of Your Reference for This Job			
Job Description			

Previous Employer/Company Name			
Address		Telephone	
City	State	Zip	Name of Supervisor
Dates of Employment		Start Date	End Date
Final Salary			
Name and Phone of Your Reference for This Job			
Job Description			

PERSONAL REFERENCES

Please include name, address and phone number of 3 personal references not related to you.

- 1.) _____
- 2.) _____
- 3.) _____

Applicants for employment with Coshocton County are evaluated and selected on the basis of individual merit and ability with respects to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

CERTIFICATION

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document, including permission to obtain information related to my prior work history. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I agree to submit to a post-offer, pre-employment medical examination, drug/alcohol test, and a BCI fingerprint background check at the County's expense. I understand that my employment is contingent upon successful completion of the post-offer medical exam and passing the drug/alcohol test. I also agree to submit to random and/or reasonable suspicion of drug tests, according to County policy, as a condition of continuing employment. I indemnify and hold harmless all persons either providing or receiving information, verbal written, pursuant to this application.

APPLICANT'S SIGNATURE

DATE

Applications not resulting in hire will be kept on file by Coshocton County EMS for a period of 180 days. After 180 days, applicants must resubmit new applications to be considered for future vacancies.

FOR INTERNAL USE ONLY

ARRANGE INTERVIEW: Yes No

REMARKS _____

PRE-EMPLOYMENT -- PASS OR FAIL

INTERVIEWER'S SIGNATURE

DATE

_____ PHYS/DRUG SCREEN

_____ DRIVING RECORD CHECK

_____ FINGERPRINT

OFFER EMPLOYMENT? Yes No STARTING DATE: _____ STARTING RATE: _____