

# EMPLOYMENT APPLICATION

APPLICATIONS ARE KEPT ON FILE FOR 90 DAYS.



PLEASE PRINT ALL INFORMATION

## Position Applied for:

- Emergency Medical Dispatcher
- Emergency Medical Technician
- Paramedic
- Other: \_\_\_\_\_

## Availability:

- Days
- Evenings
- Nights
- Weekends

## Status:

- Full-Time
- Part-Time
- Occasional
- Temporary

## Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Have you ever worked for Fort Smith EMS?  Yes  No If so, list dates: \_\_\_\_\_

Are you related to a Fort Smith EMS employee?  Yes  No If so, who?: \_\_\_\_\_

Are you a US Citizen?  Yes  No If no, are you authorized by INS to work in the US?  Yes  No

Alien Number: \_\_\_\_\_ Admission Number: \_\_\_\_\_

Are you currently or did you serve in the US Armed Forces?  Yes  No

Did you receive an honorable discharge?  Yes  No

Veteran's Preference?  Yes  No

## Office Use Only:

Received: \_\_\_\_\_ Interviewed: \_\_\_\_\_ Hired: \_\_\_\_\_

Notes: \_\_\_\_\_

Have you ever been fired or forced to resign in lieu of termination?  Yes  No

If yes, explain below:

Date: \_\_\_\_\_ Employer: \_\_\_\_\_

Reason: \_\_\_\_\_

Have you ever been found guilty, had adjudication withheld or pled no contest to legal violations?  Yes  No

If yes, explain below:

Date: \_\_\_\_\_  Felony  Misdemeanor

Offense/Charge: \_\_\_\_\_ Agency: \_\_\_\_\_

Outcome: \_\_\_\_\_

### Licenses / Certifications (attach copies)

Do you hold a valid Driver's License?  Yes  No

DL Number: \_\_\_\_\_ State: \_\_\_\_\_

Expiration: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Have you ever had your Driver's License suspended or revoked?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you hold a valid Arkansas EMT or Paramedic Certification/Licensure?  Yes  No  Other State

Certification/Licensure Number: \_\_\_\_\_

Level: \_\_\_\_\_ Expiration: \_\_\_\_\_

Has your EMT or Paramedic Certification/Licensure ever been revoked?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please check all other certifications/licenses held (attach copies):

ACLS

CPR

PEPP(BLS)

AMLS

EMD

PHTLS

BTLS

NRP

PPC

CCEMT-P

PEPP(ALS)

PALS

**Employment History** (beginning with your present or most recent, explain gaps in employment on back of application.)

1. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Hours per week \_\_\_\_\_  
Phone \_\_\_\_\_ Salary \_\_\_\_\_  
Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer?  Yes  No

2. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Hours per week \_\_\_\_\_  
Phone \_\_\_\_\_ Salary \_\_\_\_\_  
Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer?  Yes  No

3. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Hours per week \_\_\_\_\_  
Phone \_\_\_\_\_ Salary \_\_\_\_\_  
Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer?  Yes  No

4. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Hours per week \_\_\_\_\_  
Phone \_\_\_\_\_ Salary \_\_\_\_\_  
Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer?  Yes  No

**Education**

Do you have a High School Diploma or GED?  Yes  No Date obtained: \_\_\_\_\_

High School attended: \_\_\_\_\_

Post High School Education:

Name/Location	Total Hours	Year(s)	Certificates Received

**Additional Information / Explanations**

---

---

---

---

---

---

---

**Please verify the following**

- Social Security Number listed.
- All questions answered fully.
- Full employment history listed.
- Gaps in employment explained.
- Copies of all certifications/licenses attached.
- Application signed and dated.

**Please read this statement carefully before signing below:**

I hereby certify that each response on this application and all other information I have furnished in applying for employment with Fort Smith EMS is true and correct. I understand that any incorrect, incomplete or false statements or information I have furnished may subject me to disqualification or discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to consent to a back ground check and provide a sample of urine which will be tested for drug use and/or controlled substances. My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatements of fact may result in disqualification or dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_