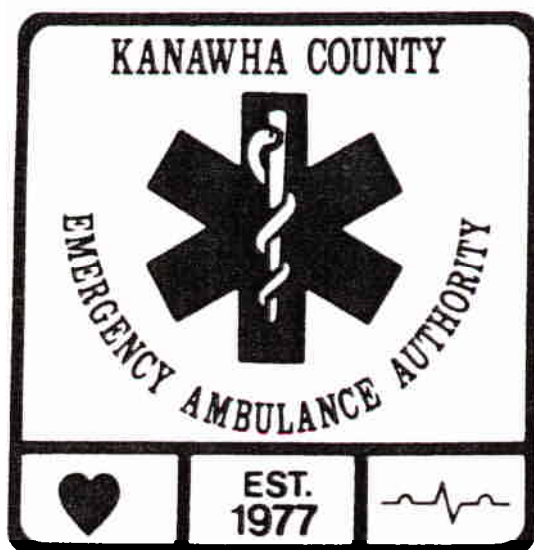


Employment Application

Kanawha County Emergency Ambulance Authority



P.O. Box 292
Charleston, WV
25321
304-345-2312

KANAWHA COUNTY EMERGENCY AMBULANCE AUTHORITY

APPLICATION FOR EMPLOYMENT

TO APPLICANT: FEDERAL AND STATE LAWS REQUIRE THAT ALL APPLICATIONS BE CONSIDERED
WITHOUT REGARD TO RACE, RELIGION, SEX, AGE OR NATIONAL ORIGIN.

(PLEASE PRINT)

DATE _____

NAME _____ SOCIAL SECURITY NO. _____
LAST FIRST MIDDLE

PERSONAL

ADDRESS _____
NO. STREET CITY STATE ZIP

TELEPHONE NO. _____ REFERRED BY: OUR ADVT. FRIEND OR RELATIVE NO ONE

POSITION(S) APPLIED FOR _____ FULL TIME PART TIME

HAVE YOU WORKED FOR US BEFORE? _____ IF YES, WHEN? _____ POSITION _____



EDUCATION

NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE
ELEMENTARY			
HIGH SCHOOL			
COLLEGE	MAJOR:		
	DEGREE:		
EMS			



ARE YOU OVER 18 YEARS OF AGE? _____ . IF NO, STATE YOUR AGE: _____ .
 (EMPLOYMENT SUBJECT TO MINIMUM LEGAL AGE VERIFICATION.)

ARE YOU A U.S. CITIZEN? _____ . IF NO, CAN YOU LEGALLY REMAIN PERMANENTLY IN THE US? _____ .

HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUDING MISDEMEANORS AND TRAFFIC OFFENSES)? _____

IF YES, LIST CONVICTIONS: _____

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YOUR QUALIFICATIONS

WV OPERATOR # _____

WV EMT # _____ EXPIRATION DATE _____

WV MICP # _____ EXPIRATION DATE _____

NR EMT-P # _____ EXPIRATION DATE _____

ACLS PROVIDER _____ EXPIRATION DATE _____

ACLS INSTRUCTOR _____ EXPIRATION DATE _____

EMS/FIRE SERVICE RELATED TRAINING: _____

OTHER: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (OTHER THAN LISTED UNDER PRIOR EMPLOYMENT): _____

