



# Grand County Emergency Medical Services Special Service District

## Application

The information you provide on this application is used strictly for evaluation in determining your eligibility for employment with Grand County EMS SSD. We are an Equal Employment Opportunity employer and will not discriminate on any legally recognized basis including, but not limited to race, age, color, religion, sex, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other basis recognized by federal, state, or local law.

### General Information

Last Name	First Name		M.I.	Home/Cell Telephone
Mailing Address	City	State	Zip	Other Telephone
Email Address		Date of Birth		Preferred Name

Are you legally eligible to work in the United States?

YES

NO

Will you be 18 years of age or older on your potential hire date?

YES

NO

### Position

Position Desired	Schedule Desired Full-Time Part-Time/PRN
Salary/Wage Desired	Date Available

## Education

High School	College	Trade	Military	Other	(Check all that apply)
Name and Location		Dates (Mo/Yr)	Graduate?	Degree	Major

License, Certification, Registration	Number	State	Expiration
License, Certification, Registration	Number	State	Expiration

## References (Minimum of Three)

Name	Relationship	Years Known
Email Address	State of Residence	Phone Number
Name	Relationship	Years Known
Email Address	State of Residence	Phone Number
Name	Relationship	Years Known
Email Address	State of Residence	Phone Number

### Work Experience

Employer	Phone Number	From (Month/Year)
Address		To (Month/Year)
Job Title		Hrs/Week
Duties (max 500 characters)		Last Salary
		Supervisor
Reason for Leaving	May we contact this employer? YES NO	

Employer	Phone Number	From (Month/Year)
Address		To (Month/Year)
Job Title		Hrs/Week
Duties (max 500 characters)		Last Salary
		Supervisor
Reason for Leaving	May we contact this employer? YES NO	

Employer	Phone Number	From (Month/Year)
Address		To (Month/Year)
Job Title		Hrs/Week
Duties (max 500 characters)		Last Salary
		Supervisor
Reason for Leaving	May we contact this employer? YES NO	

# **Grand County Emergency Medical Services Special Service District**

## Applicant Certification – Please Read Carefully

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I authorize Grand County EMS SSD to verify any information provided by me in this application or otherwise. If circumstances require that an offer of employment be made before completion of a criminal background investigation, drug test, and motor vehicle records check, said offer is contingent upon the completion of a satisfactory criminal background investigation, drug test, and motor vehicles records check as set forth above. I understand that any falsification, misrepresentation, or omission of information on this application or related documentation may result in denial of my employment/membership with Grand County EMS SSD, or, if I am already an employee, my immediate dismissal from employment.

Signed \_\_\_\_\_ Date: \_\_\_\_\_