

Employment Application



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 the 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	First	Middle Initial	Home Telephone	
Address (Mailing)	City	State	Zip	Other Telephone
Social Security #		Date of Birth		Maiden Name/Alias
Email Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Position

Position Desired	Looking for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Salary Desired \$	Date Available

Education

<input type="checkbox"/> High School, <input type="checkbox"/> College, <input type="checkbox"/> Trade, <input type="checkbox"/> Military (Check All That Apply)				
Name and Location	Dates Attended (Mo/Yr)	Graduate	Degree	Major
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
License, Certification, Registration		Number	State	Expiration
License, Certification, Registration		Number	State	Expiration

Military

Branch of Service	Date Available	Date of Discharge
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Previous Addresses (Last 7 Years)

Address	State	Date Lived Here
Address	State	Date Lived Here
Address	State	Date Lived Here
Address	State	Date Lived Here

Reference (Minimum of Three)

Name	Relationship	Years Known
Address	State	Phone #
Name	Relationship	Years Known
Address	State	Phone #
Name	Relationship	Years Known
Address	State	Phone #

Work Experience

1) Employer	Telephone Number () -	From (Month/Yr)
Address		To (Month/Yr)
Job Title		Hrs Per Week
Specific Duties (Max Characters 500)		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Employer	Telephone Number () -	From (Month/Yr)
Address		To (Month/Yr)
Job Title		Hrs Per Week
Specific Duties (Max Characters 500)		Last Salary
		Supervisor
Reason For Leaving:	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Employer	Telephone Number () -	From (Month/Yr)
Address		To (Month/Yr)
Job Title		Hrs Per Week
Specific Duties (Max Characters 500)		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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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 and motor vehicle records check, said offer is contingent upon the completion of a satisfactory criminal background investigation 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: _____