

"Prepared for the Worst..."

# Oscoda County EMS Employment Application

...Providing the Best"

Contact Info

Last MI First / /  
 Address City State Zip Code DOB  
 Home \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Work \_\_\_\_\_  
 E-Mail Address @ \_\_\_\_\_ SSN - -

Applying For:

I am applying for: Contingent  Part-Time  Full-Time

I am available to work: Day Shift   
 Night Shift  Anytime   
 Weekends

Licensure Info

	Expires	Other Certifications	Expires
Currently Licensed	<input type="checkbox"/> MFR <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-S <input type="checkbox"/> EMT-P		
Currently Certified	<input type="checkbox"/> CPR <input type="checkbox"/> ACLS <input type="checkbox"/> PALS <input type="checkbox"/> PHTLS		

*Please attach copies of all current certifications*

Have you applied here before? YES / NO  
 Have you been employed by Oscoda EMS before? YES / NO  
 Have you ever been convicted of a felony? YES / NO  
 Do you currently work in EMS? YES / NO  
 Do you have a copy of a LZ class? YES / NO  
 Do you have a copy of a driving class? YES / NO  
 Do you have a valid Drivers License? YES / NO  
 May we contact your current employer? YES / NO

Education Info

Highest level of education: High School  Some College  Associates Degree  Bachelors Degree  Masters Degree

Years of Education past High School \_\_\_\_\_ School Attended \_\_\_\_\_ Year Graduated \_\_\_\_\_  
 Degree: \_\_\_\_\_  
 Years of Experience in EMS \_\_\_\_\_ High School: \_\_\_\_\_  
 Years of Experience at current license \_\_\_\_\_ College: \_\_\_\_\_

Work Experience

EMPLOYER 1	EMPLOYER 2
Company _____	Company _____
Employed From / To ( ) -	Employed From / To ( ) -
Supervisor _____	Supervisor _____
Contact Number \$	Contact Number \$
Job Title _____	Job Title _____
Salary _____	Salary _____
Reason for Leaving _____	Reason for Leaving _____
EMPLOYER 3	EMPLOYER 4
Company _____	Company _____
Employed From / To ( ) -	Employed From / To ( ) -
Supervisor _____	Supervisor _____
Contact Number \$	Contact Number \$
Job Title _____	Job Title _____
Salary _____	Salary _____
Reason for Leaving _____	Reason for Leaving _____

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Personal References

REFERENCE 1	( ) -	REFERENCE 2	( ) -
Name	Contact Number	Name	Contact Number
Relationship	Years Known	Relationship	Years Known
REFERENCE 3	( ) -	REFERENCE 4	( ) -
Name	Contact Number	Name	Contact Number
Relationship	Years Known	Relationship	Years Known

Additional Information

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OFFICE USE ONLY

Date Received \_\_\_\_\_

Date Interviewed \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Disposition: \_\_\_\_\_

Request the following:

DMV Record	Drug Screen	Reference Verification	Credit Report	Criminal Record
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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I certify with my signature that the above information is correct to the best of my knowledge. I consent to a background check as well as a drug screening. I understand that upon obtaining employment with Oscoda County Ambulance Service I am considered "At Will" and OCAS or I may terminate my employment at any time for any reason. I also agree to a 90 day probationary period where I will be directly responsible to a Field Training Officer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date