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## APPLICATION FOR EMPLOYMENT

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To apply for employment, fill out all applicable areas, sign and mail to:

Camp County EMS, P.O. Box 866, Pittsburg, TX 75686

Or you may fax the completed application to: 903-856-9931

# Application For Employment



**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status.**

(PLEASE PRINT)

Position(s) applied for		Salary desired			Date of application	
How did you learn about us?						
Advertisement		Friend		Walk-In		
Employment agency		Relative		Other _____		
Last name		First name		Middle name		
Maiden name or other names known by						
Address	Street	City	County	State	Zip code	How long there?
Previous address	Street	City	County	State	Zip code	How long there?
Previous address	Street	City	County	State	Zip code	How long there?
Telephone number(s)		E-mail address		Social security number		

Are you between the ages of 18 and 70? Yes      No

Have you ever been employed with us before? Yes      No

If yes, give date \_\_\_\_\_

Are you currently employed? Yes      No

May we contact your present employer? Yes      No

Are you a citizen of the U.S.? Yes      No

List any relatives already employed with us: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work:      Full time      Part time      Shift work      Temporary      PRN

Please indicate when available:      Days      Evenings      Nights      Weekends      Anytime

Are you currently on "lay-off" status and subject to recall? Yes      No

Have you been convicted of a felony within the last 7 years? Yes      No

Conviction will not necessarily disqualify an applicant from employment.

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

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name				
Location				
Years Completed				
Diploma/Degree				
Describe course of study				
Professional certification type _____ License # _____ State _____				
Date license, certification or registration was obtained _____				
If you are licensed, has your licensed ever been revoked or any other action taken against them in this state or any other?				
Yes      No      If yes, explain: _____				

Indicate any foreign languages you can speak, read and/or write \_\_\_\_\_

List professional, trade, business or civic activities and offices held.  
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Personal References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?      Yes      No  
If yes, please describe \_\_\_\_\_

Are you able to perform the functions of the job you are applying for with or without accommodations?      Yes      No

## Special Skills (in addition to the information already listed)

Summarize special job-related skills and qualifications acquired from employment or other experience. Please include computer software, computer hardware and office equipment you can use.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

<b>1</b>	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address                      CITY                      STATE                      ZIP			
	Telephone Number(s)    AREA CODE	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job title	Supervisor			
Reason for leaving _____				
Eligible for rehire? _____				
<b>2</b>	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address                      CITY                      STATE                      ZIP			
	Telephone Number(s)    AREA CODE	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job title	Supervisor			
Reason for leaving _____				
Eligible for rehire? _____				
<b>3</b>	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address                      CITY                      STATE                      ZIP			
	Telephone Number(s)    AREA CODE	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job title	Supervisor			
Reason for leaving _____				
Eligible for rehire? _____				
<b>4</b>	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address                      CITY                      STATE                      ZIP			
	Telephone Number(s)    AREA CODE	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job title	Supervisor			
Reason for leaving _____				
Eligible for rehire? _____				
<b>5</b>	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address                      CITY                      STATE                      ZIP			
	Telephone Number(s)    AREA CODE	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job title	Supervisor			
Reason for leaving _____				
Eligible for rehire? _____				
<b>6</b>	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address                      CITY                      STATE                      ZIP			
	Telephone Number(s)    AREA CODE	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job title	Supervisor			
Reason for leaving _____				
Eligible for rehire? _____				

# Applicant's Statement

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize Camp County EMS to investigate my previous employment and give permission to previous employers to release any information about me that they deem appropriate. I also agree to "hold harmless" any previous or current employer who released such information.

This application for employment shall be considered "active" for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without or by conduct unless such change is specifically acknowledged in writing by an authorized executive Camp County EMS.

I understand that my employment may be dependent upon my passing a job-related physical examination at employers's expense and the receipt by employer of satisfactory references. I also understand that all applicants who are made a contingent job offer will also be asked to sign a consent for a drug/alcohol screen and a consent to do background checks which may include criminal, motor vehicle and education. Failing the drug/alcohol screen or receiving negative information from background checks may disqualify a candidate for consideration as an employee or this facility. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.



camp  
**COUNTY**

**EMS**