



APPLICATION FOR EMPLOYMENT

Adams County is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Date _____

APPLICANT INFORMATION			
Last Name	First	Middle	Suffix
Street Address	City	State	Zip
E-mail Address		Primary Phone	Secondary Phone
Are you legally eligible for employment in the U.S.? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] <i>(If offered employment, you will be required to provide documentation to verify eligibility)</i>			
Are you over 18 years old? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] Do you have a valid Driver's License? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]			
Are you willing to relocate if the position requires residency in Adams County? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] I live in Adams County [<input type="checkbox"/>]			

POSITION		
Position Desired	Department	Date Available to Begin Work
Are you able to perform the essential functions of this position, with or without a reasonable accommodation? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]		
If no, please explain.		
Have you previously worked for Adams County before? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]	If yes, please state department name and dates of employment.	
Are you related to anyone currently employed by Adams County? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]	If yes, please state name and relationship.	

EDUCATION			
	Number of Years Completed	Name and Location of School	Degree/Major/Subject
High School Diploma [<input type="checkbox"/>] G.E.D. [<input type="checkbox"/>]			
College			
Graduate			
Other (specify)			
List all other special courses, seminars, skills, licenses or memberships related to the position for which you are applying <i>(Omit any that may reveal your race, color, creed, gender, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status)</i> :			

EMPLOYMENT HISTORY	
<i>Start with your current or most recent position (make extra copies of this page if needed). Incomplete information may disqualify you from further consideration.</i>	
Name of Employer	Address (include Street, City, State, & Zip)
Position/Title	From _____ To _____ (Mo/Yr) (Mo/Yr)
Supervisor Name and Title	Supervisor Phone Number May we contact? YES [] NO []
Responsibilities	
Reason for Leaving	
Name of Employer	Address (include Street, City, State, & Zip)
Position/Title	Dates Employed From _____ To _____ (Mo/Yr) (Mo/Yr)
Supervisor Name and Title	Supervisor Phone Number May we contact? YES [] NO []
Responsibilities	
Reason for Leaving	
Name of Employer	Address (include Street, City, State, & Zip)
Position/Title	Dates Employed From _____ To _____ (Mo/Yr) (Mo/Yr)
Supervisor Name and Title	Supervisor Phone Number May we contact? YES [] NO []
Responsibilities	
Reason for Leaving	

REFERENCES		
Please list the names of three professional references not related to you.		
Name	Relationship	Contact Information (Phone or E-mail)
1.		
2.		
3.		

APPLICANT'S CERTIFICATION AND AGREEMENT	
<p>I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Adams County to verify their accuracy and to obtain reference information on my work performance. I hereby release Adams County from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.</p> <p>I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.</p> <p>I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.</p>	
Signature	Date



SUPPLEMENT APPLICATION – EMERGENCY MEDICAL SERVICES

EMS Licenses				
	Name and Location of School	Year Licensed	State of License	License Number
EMT-Basic				
EMT - Intermediate				
EMT - Paramedic				
Other (specify)				

EMS Certifications			
Course	Certification Expiration	Course	Certification Expiration
CPR		Advanced Cardiac Life Support	
Pediatric Emergency Pre-Hospital Provider		Advanced Medical Life Support	
Pediatric Advanced Life Support		Critical Care Paramedic	
Basic Trauma Life Support		Pre-Hospital Trauma Life Support	
Other:		Other:	

EMS System History	
<i>Start with your current or most recent system affiliation</i>	
Name of EMS System	List all provider levels functioned within the system
EMS System Coordinator	Contact Information
Medical Director	Contact Information
Name of EMS System	List all provider levels functioned within the system
EMS System Coordinator	Contact Information
Medical Director	Contact Information
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Medical Director	Contact Information