CHAFFEE COUNTY EMS

Employment Application

EQUAL OPPORTUNITY EMPLOYER
Chaffee County is an equal opportunity employer (EOE). Employment decisions are based on business needs, job requirements, and individual qualifications without regard to race, color, national origin, ancestry, creed, age, marital status, religion, the presence of a medical condition or disability, veteran status, political affiliation, sex, sexual orientation, pregnancy status, gender identity, gender expression, genetic information, or any other legally protected status.

APPLICANT INFORMATION									
Last Name	Click here to enter text.	First	Click here to enter text.	M.I.	Click here to enter text.	Date	Click here to enter a date.		
Street Address	Click here to enter text.								
City	Click here to enter text.	State	Click here to enter text.	ZIP	Click here to enter text.				
Phone	Click here to enter text.	E-mail Address	Click here to enter text.						
Date Available	Click here to enter text.								
Position Applied for	Choose an item.								
Are you authorized to work in the U.S.? (Proof of identity and eligibility are required upon hire)						YES ☐	NO ☐		

EDUCATION									
High School	Click here to enter text.		Address	Click here to enter text.					
		Did you graduate?	YES ☐	NO ☐	Degree	Click here to enter text.			
College	Click here to enter text.		Address	Click here to enter text.					
		Did you graduate?	YES ☐	NO ☐	Degree	Click here to enter text.			
Other	Click here to enter text.		Address	Click here to enter text.					
		Did you graduate?	YES ☐	NO ☐	Degree	Click here to enter text.			

REFERENCES			
Please list three professional references.			
Full Name	Click here to enter text.	Relationship	Click here to enter text.
Company	Click here to enter text.	Phone	Click here to enter text.
Address	Click here to enter text.	Email Address:	Click or tap here to enter text.
Full Name	Click here to enter text.	Relationship	Click here to enter text.
Company	Click here to enter text.	Phone	Click here to enter text.
Address	Click here to enter text.	Email Address:	Click or tap here to enter text.
Full Name	Click here to enter text.	Relationship	Click here to enter text.
Company	Click here to enter text.	Phone	Click here to enter text.
Address	Click here to enter text.	Email Address:	Click or tap here to enter text.

EMPLOYMENT HISTORY – STARTING WITH CURRENT / MOST RECENT EMPLOYMENT		
Employer: Click here to enter text.		
Dates of Employment:	From: Click here to enter text.	To: Click here to enter text.
Address: Click here to enter text.		
Managers Name: Click here to enter text.		
Job Duties: Click here to enter text.		
Reason for Leaving: Click here to enter text.		
May we contact this employer?		
EMPLOYMENT HISTORY		
Employer: Click here to enter text.		
Dates of Employment:	From: Click here to enter text.	To: Click here to enter text.
Address: Click here to enter text.		
Managers Name: Click here to enter text.		
Job Duties: Click here to enter text.		
Reason for Leaving: Click here to enter text.		
EMPLOYMENT HISTORY		
Employer: Click here to enter text.		
Dates of Employment:	From: Click here to enter text.	To: Click here to enter text.
Address: Click here to enter text.		
Managers Name: Click here to enter text.		
Job Duties: Click here to enter text.		
Reason for Leaving: Click here to enter text.		

PLEASE LIST ANY OTHER HEALTH CARE FACILITIES OR EMS/FIRE/RESCUE AGENCIES THAT YOU HAVE BEEN AFFILIATED WITH THAT ARE NOT LISTED ABOVE IN THE WORK HISTORY:
Click here to enter text.

APPLICANT REQUIREMENTS

- Must be at least 18 years of age
- Must have a minimum of a high school diploma
- Must have Colorado certification
- Minimum EMT-Basic with IV certification
- Must have a current BLS/CPR Card (ACLS and PALS are required for EMT-I and Paramedic)
- Good Driving Record
- No Previous Felony Convictions
- Must pass pre-employment physical screening and drug testing

CERTIFICATIONS

Colorado EMS Certification Number: Click here to enter text.	Level: Choose an item.
Expiration: Click here to enter a date.	
BLS / CPR expiration date: Click here to enter a date.	ACLS expiration Date: Click here to enter a date.
PALS expiration date: Click here to enter a date.	CCP-C /FP-C expiration date: Click here to enter a date.
Other: Click here to enter text.	Other: Click here to enter text.

BACKGROUND INFORMATION

List all states (other than Colorado) where you are or have been certified, licensed or registered as an EMS Provider:
Click here to enter text.

Have you EVER been or are you currently the subject of an investigation by any health care licensing jurisdiction?
NO ☐ YES ☐ (If YES please explain)
Click here to enter text.

Have you EVER had any disciplinary action taken against you in connection with the performance of health care-related activities in this or any other state or country?
No ☐ YES ☐ (If YES please explain)
Click here to enter text.

SIGNATURES

The statements on this application are true and correct to the best of my knowledge. I understand that all information in this application is subject to verification. I also understand that knowingly falsifying information on this application may be grounds for application rejection and/or termination of employment. I further authorize Chaffee County EMS to conduct a general background check, including but not limited to a Motor Vehicle Report and Criminal Background Check.

I understand that employment with Chaffee County is at will. This means if I am hired, either party may terminate the employment relationship for any lawful reason, at any time, with or without advance notice.

I, Click here to enter text.warrant the truthfulness of the information provided in this application

ENTER FULL NAME: Click here to enter text.

☐ I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.