

Spirit Lake EMS
PO Box 449, Fort Totten, ND 58335-0449

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

APPLICATION DATE: _____

NAME: _____ E-MAIL _____

MAILING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____ DATE OF BIRTH _____

DRIVERS LICENSE **YES NO** CLASS _____ STATE _____ # _____ EXPIRATION DATE _____

GENERAL INFORMATION:

POSITION APPLYING FOR: DRIVER _____ EMT _____ PARAMEDIC _____

DATE YOU CAN START _____ HOURS AVAILABLE _____

HAVE YOU EVER BEEN EMPLOYED AT SPIRIT LAKE EMS: **YES NO** IF YES, WHEN? _____

ARE YOU CURRENTLY EMPLOYED: **YES NO** IF YES, MAY WE CONTACT YOU PRESENT EMPLOYER: **YES NO**

DO YOU CLAIM INDIAN PREFERENCE: **YES NO** IF YES, LIST BRANCH AND SERVICE DATES: _____

ARE YOU WILLING TO WORK: **FULL TIME PART TIME SEASONAL CASUAL**

CAN YOU TRAVEL IF THE JOB REQUIRES IT: **YES NO**

EDUCATION/TRAINING:

CIRCLE HIGHEST GRADE COMPLETED: **7 8 9 10 11 12 GED 13 14 15 16 17 18**

DATE OF HIGH SCHOOL DIPLOMA, OR GED _____ PLACE _____

NAME OF SCHOOL	COURSE OF STUDY	DEGREE AND / OR CERTIFICATION	DATE OF COMPLETION

REFERENCES: (DO NOT LIST RELATIVES)

NAME	PHONE	ADDRESS	HOW DO YOU KNOW THIS PERSON, RELATION

HAVE YOU EVER HAD A BACK OR NECK INJURY: **YES NO** IF YES GIVE DATE & TYPE _____

HAVE YOU EVER BEEN OFF WORK DUE TO AN INJURY: **YES NO** IF YES, WHAT TYPE: _____

EMS EMPLOYEES HAVE TO LIFT AND CARRY PATIENTS. DO YOU HAVE THE ABILITY TO LIFT AND CARRY A

PATIENT WITHOUT ANY PROBLEM: **YES NO** HOW MUCH WEIGHT CAN YOU LIFT: _____

AGREEMENT

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AS MAY BE DEEMED NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN ON MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARGE.

I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES, REGULATIONS, POLICIES, AND PROCEDURES.

I UNDERSTAND THAT EMPLOYEES ARE SUBJECT TO RANDOM SUBSTANCE SCREENING, (DRUG TEST, ALCOHOL TESTING).

I UNDERSTAND THAT I WILL BE SUBJECT TO A BACKGROUND INVESTIGATION, BOTH BY SPIRIT LAKE EMS, SPIRIT LAKE TRIBES, AND A THROUGH INVESTIGATION CONDUCTED BY A LAW ENFORCEMENT AGENCY.

I UNDERSTAND THAT CERTAIN PHYSICAL FITNESS STANDARDS ARE NECESSARY TO FULFILL THE POSITION REQUIRED IN THE OPERATIONS OF AN AMBULANCE SERVICE AND MUST BE ABLE TO EXHIBIT THESE STANDARDS IN CARRYING & LIFTING PATIENTS, AND OTHER DUTIES REQUIRING DEXTERITY, & PHYSICAL ABILITY.

SIGNATURE OF APPLICANT

DATE

APPLICATIONS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR VETERAN STATUS, OR THE PRESENCE OF A NON-RELATED CONDITION OR HANDICAP.

OFFICE USE ONLY:

DATE APPLICATION RECEIVED: _____ DL _____ SS _____

INS _____ BC _____ CPR _____ CRED _____

SUBMITTED DATE: _____ REPLY DATE: _____