

EAST BOISE COUNTY AMBULANCE APPLICATION

Thank you for your interest in joining EBCAD. Please read and follow the steps below to apply.

1. Fill out the application below in its entirety.
2. Please select the unit you would like to join. If you have no preference check none. (If you have spoken with a Unit and they provide endorsement letter include it with application.)
3. If you would like include a resume. (optional)
4. If you would like include a cover letter. (optional)
5. Return all documents to East Boise County Ambulance District either by mail or by e-mail.

Mail:

East Boise County Ambulance District
Attn: Director of Operations
P.O. Box 1300
Idaho City, Idaho 83631

Or

E-mail: ebcaddirector@co.boise.id.us

East Boise County Ambulance District does receive a lot of applications, so the time it takes us to process your application can take some time. Please be patient with us and know that we will get back to you as soon as we have finished the processing of your application. If you have any questions or would like to check the status of your application you can contact East Boise County Ambulance District and ask for the Personnel Officer or you can stop in at any of our stations if someone is there you can have them pass along a message.

Thank you for applying with East Boise County Ambulance District, we look forward to talking to you about joining us.

Mari Adams

Director of Operations
East Boise County Ambulance District



East Boise County Ambulance District
 P.O. Box 1300
 Idaho City, Idaho 83631
 E-mail: ebcaddirector@co.boise.id.us
 Fax: 208-392-6644

APPLICANT INFORMATION											
Last Name					First:			M.I.	Date		
Street Address								Apartment/Unit #			
City					State			ZIP			
Phone					E-mail Address						
Date of Birth				Social Security No.				Driver License #	State		
Unit Preference	Unit 12 (Lowman) <input type="checkbox"/>	Unit 13 (Placerville) <input type="checkbox"/>	Unit 14 (Idaho City) <input type="checkbox"/>	Unit 15 (Mores Creek) <input type="checkbox"/>	None <input type="checkbox"/>						
Position Applied for	Driver <input type="checkbox"/>	EMT <input type="checkbox"/>	Other :								
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when and where?								
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Do you have any medical condition that could affect your participation in emergency medical operations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								

EMERGENCY CONTACT PERSON						
Name					Relationship	
Street Address						
City				State	Zip	
Phone				E-mail Address		

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

CERTIFICATIONS					
CPR Certificate Expiration Date					
National Registry Certificate Number		Level		Expiration Date	
Idaho EMT License Number (If applicable)		Level		Expiration Date	
Other Certificate					

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

CURRENT OR LAST EMPLOYMENT	
Company	Phone
Address	Supervisor
Job Title	
Responsibilities	
From	To
Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE	
I hereby apply to volunteer with EAST BOISE COUNTY AMBULANCE DISTRICT as a member. I agree to abide by its' Bylaws, SOP's and Idaho EMS Protocols. I authorize the Boise County Sheriff to conduct a background and driver's license record check.	Initial Here
I agree to serve with EAST BOISE COUNTY AMBULANCE DISTRICT as a member for a period of 2 years (24 months) beginning with the start date. If I do not complete this 2 year agreement, I agree to reimburse EAST BOISE COUNTY AMBULANCE DISTRICT for the costs associated with my association and training .	Initial Here
I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date
Information contained here-in is protected by the Privacy Act of 1974 (as amended)	



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment or volunteer with East Boise County Ambulance District, IDAHO, do hereby authorize a review of and full disclosure of all records and information concerning myself, to any duly authorized agent of EAST BOISE COUNTY Ambulance and Boise County, IDAHO, regardless of whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had, any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment or as a volunteer by East Boise County Ambulance or Boise County. I hereby agree that any person(s) or entities who may furnish such information concerning me, shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____

DATED: _____

Printed Name, including all names I have previously used or been known by:

SSN#: _____

DOB: _____

DL#: _____ Issued: _____