

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.

Melissa Pettis

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 felony?	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 of my hepatitis immunization series if the county pays for my immunizations. If I do not complete this 2 year agreement, I agree to reimburse EAST BOISE COUNTY AMBULANCE DISTRICT for the costs associated with the immunization series.	Initial Here
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, 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)	