**Legal Name:**

**Address:**

**Phone Number:**

**Email Address:**

**Date of Birth: SSN:**

**Valid Drivers License Number: State: Class: Exp. Date:**

**(Please attach a copy of your Driver’s License to the Application)**

All applicants must complete the required information below in question 1. A conviction will not necessarily bar you from employment consideration.

1. **Have you ever been convicted of a felony or misdemeanor of offense in any State? YES** [ ]  **NO** [ ]

(Including any finding or plea of guilt, deferral, no contest or nolo contender) If YES, give all date, charges and disposition below.

**Education and Training:**

High School: Year Completed: Diploma: GED:

Collage: Year Completed: Diploma: GED:

**Certifications:**

**Current Level of Certification: EMT** [ ]  **AEMT** [ ]  **PARAMEDIC** [ ]  **Exp. Date:**

**BCLS/CPR Exp. Date: ACLS Exp. Date: PALS Exp. Date:**

**ITLS** **/** **PTLS** **Exp**. **Date:** List any additional Certifications:

**(Please attach a copy of your Certifications to the Applications)**

I CERTIFY that all information provided in the employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.

I UNDERSTAND that the employer may request an Investigation consumer report agency, as well as a check of my procession of the work in the US.

IF I AM OFFERED EMPLOYMENT, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the US.

I UNDERSTAND that I will be required to possess a current and valid driver’s license if my job requires me to drive in the course of my work.

**SIGNATURE: DATE:**

**References:**

**Name: Relation:**

**Address: Telephone:**

**Name: Relation:**

**Address: Telephone:**

**WORKERS CONPENSATION NOTICE**

 **Please note, your Workers Compensation Benefits for an accident or illness related to employment by Lumberton Rescue & EMS, Inc are based upon your wages earned solely as a employee of Lumberton Rescue & EMS, Inc.**

 **For example, if you are employed elsewhere and make $40,000.00 annually, but as a part time employee of Lumberton Rescue & EMS Inc. your earn $11.00 / hour, and you suffer an on the job injury or Illness while working for Lumberton Rescue & EMS Inc., your Workers Compensation benefits will be solely on the wages of $11.00 / hour.**

**Additionally, if you have a disability policy from your other employer, that policy may not pay any benefits. As a result, should you become disabled your benefits may be significantly less that you otherwise would earn.**

**I, , AS A PART TIME EMPLOYEE OF LUMBERTON RESCUE & EMS, INC. HAVE READ AND FULLY UNDERSTAND THE GAP IN EARNINGS I MIGHT HAVE SHOULD I SUFFER ANY INJURY OR ILNESS WHILE WORKING FOR LUMBERTON RESCUE & EMS, INC.**

**Signature: Date:**