

**MALTA & McCONNELLSVILLE FIRE DEPARTMENT**  
**DIVISION OF EMERGENCY MEDICAL SERVICES**

**EMPLOYMENT APPLICATION**

**Application Information**

Full name:	<hr/>			Date:	<hr/>
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:	<hr/>			Phone:	<hr/>
	<i>Street Address</i>		<i>Apt/Unit #</i>		
	<hr/>			Email:	<hr/>
	<i>City</i>	<i>State</i>	<i>Zip Code</i>		
Date Available:	<hr/>		S.S.N.	<hr/>	Desired salary: \$ <hr/>
Position applied for:	<input type="checkbox"/> EMT <input type="checkbox"/> ADVANCED <input type="checkbox"/> PARAMEDIC <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART TIME				
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 yes, when?	<hr/>	
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain?	<hr/>	

**Education**

High school:	<hr/>		Address:	<hr/>	
From:	<hr/>	To:	<hr/>	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma: <hr/>
College:	<hr/>		Address:	<hr/>	
From:	<hr/>	To:	<hr/>	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: <hr/>
Other:	<hr/>		Address:	<hr/>	
From:	<hr/>	To:	<hr/>	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: <hr/>

## References

Please list three professional references.

Full name:	Relationship:
Company:	Phone:
Address:	Email:
Full name:	Relationship:
Company:	Phone:
Address:	Email:
Full name:	Relationship:
Company:	Phone:
Address:	Email:

## Previous Employment

Company:	Phone:	
Address:	Supervisor:	
Job title:	From:	To:
Responsibilities:		
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company:	Phone:	
Address:	Supervisor:	
Job title:	From:	To:
Responsibilities:		
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Military Service

Branch:	_____	From:	_____ To: _____
Rank at discharge:	_____	Type of discharge:	_____
If other than honorable, explain: _____			

## Disclaimer and Signature

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:	_____
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You may return this application in person or via mail to:

ATTN: Waylon Clark  
77 S. Fourth Street  
McConnelsville, OH 43756

or via email at:  
waylon.clark188@gmail.com