

Carter County Emergency & Rescue Squad, Inc.
105 Iodent Way
Elizabethton, TN 37643
Phone: 423-543-5445
Fax: 423-543-4323



EMPLOYMENT APPLICATION FORM

Carter County Emergency & Rescue Squad, Inc. considers candidates for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

CARTER COUNTY EMERGENCY & RESCUE SQUAD, INC. IS A DRUG FREE WORKPLACE

PERSONAL INFORMATION

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Email address: _____

Date Available to Work: _____

Are you at least 18 years of age? (Y/N) _____

Hours Requested (Full Time/Part Time): _____

How did you hear about this position? _____

If any, please list relatives employed at Carter County Rescue Squad, Inc: _____

POSITION INFORMATION

Position Applying For: _____

Have you ever been employed by this organization? (Y/N) _____

If "Yes", date: _____

Prior Position(s): _____

Reason for leaving: _____

CERTIFICATION INFORMATION
(list only current certifications)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
EMT/AEMT Paramedic			
National Registry			
PALS			
ACLS			
EVOC			

WORK REQUIREMENTS AND GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? (Y/N) _____

Do you have a valid Driver's License? (Y/N) _____

EMPLOYMENT HISTORY

(list your last three employers or volunteer activities, starting with the most recent)

Employer Name & Address

Job Title:

Supervisor:

Start Date:

Beginning Salary:

End Date:

Ending Salary:

Job Description (including duties and responsibilities):

Employer's Telephone Number:

May We Contact This Employer? (Y/N)

Reason for Leaving:

Employer Name & Address

Job Title:

Supervisor:

Start Date:

Beginning Salary:

End Date:

Ending Salary:

Job Description (including duties and responsibilities):

Employer's Telephone Number:

May We Contact This Employer? (Y/N)

Reason for Leaving:

Employer Name & Address _____

Job Title: _____ Supervisor: _____

Start Date: _____ Beginning Salary: _____ End Date: _____ Ending Salary: _____

Job Description (including duties and responsibilities): _____

Employer’s Telephone Number: _____ May We Contact This Employer? (Y/N) _____

Reason for Leaving: _____

Please explain any gaps in employment:

MILITARY SERVICE

Service Branch: _____ Dates served: _____

Rank and Type of Duties: _____

EDUCATION AND TRAINING

High School:

Name: _____ Address: _____

Years Completed: _____ Did you graduate? (Y/N) _____ If "No", highest grade completed: _____

Have you received your GED? (Y/N) _____

College:

Name: _____ Address: _____

Years Completed: _____ Did you graduate? (Y/N) _____ If "No", highest grade completed: _____

Degree: _____ Major: _____

Technical School:

Name: _____ Address: _____

Years Completed: _____ Did you graduate? (Y/N) _____ If "No", highest grade completed: _____

Certificate and/or License No's: _____ Expires: _____

Other School/Training

Name: _____ Address: _____

Years Completed: _____ Did you graduate? (Y/N) _____ If "No", highest grade completed: _____

Certificate and/or License No's: _____ Expires: _____

ADDITIONAL INFORMATION

Please share any additional qualifications, experience, or information you believe would be helpful for us to consider in evaluating your application:

REFERENCES

Please list **three** persons, other than relatives, who have knowledge of your experience and/or education.

Name:

Occupation:

Phone Number:

Address:

Name:

Occupation:

Phone Number:

Address:

Name:

Occupation:

Phone Number:

Address:

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Carter County Emergency & Rescue Squad, Inc. in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be “at will” and either I or Carter County Emergency & Rescue Squad, Inc. is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

I hereby authorize Carter County Emergency & Rescue Squad, Inc. to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, driving history check, child abuse clearance check, and other such inquiries. I waive all rights to see or review the information so furnished.

Applicant Signature: _____ Date: _____