

**JEFFERSON COUNTY**

**EMERGENCY MEDICAL SERVICE DISTRICT**

EMPLOYMENT APPLICATION (Please Print)

Position: \_\_\_\_\_ Date of application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Home or Cell Work

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Do you have or are you eligible for an Oregon driver's license? Yes \_\_\_ No \_\_\_

If yes, list license number and expiration: \_\_\_\_\_

If you are less than 18 years old, can you provide proof of eligibility to work? Yes \_\_\_ No \_\_\_

Have you ever applied to Jefferson County EMS before? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_ If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_

May we contact your employer? Yes \_\_\_ No \_\_\_

Are you prevented from lawfully becoming employed in this country due to VISA or immigration status? Yes \_\_\_ No \_\_\_ (proof of citizenship/immigration status may be required.)

Are you currently licensed as an Emergency Medical Technician in Oregon? Yes \_\_\_ No \_\_\_  
Please list license number and expiration: \_\_\_\_\_

Please list any medical training or experience.

\_\_\_\_\_

Employment desired: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Full or Part time \_\_\_ Volunteer

When are you available for work? \_\_\_\_\_

## EDUCATION

| Name/Address of School | Years | Diploma/Degree/Certificate |
|------------------------|-------|----------------------------|
| High School:           |       |                            |
|                        |       |                            |
| College:               |       |                            |
|                        |       |                            |
| Trade/Business:        |       |                            |
|                        |       |                            |

## WORK HISTORY

Please list your work experience beginning with your most recent job held. Include military service and self employment. Attach additional sheets if necessary.

| Employer & Address                               | Employment Dates                   | Work Performed/Duties |
|--|------------------------------------|-----------------------|
| Supervisor: _____<br>_____<br>Telephone #: _____ | From: _____                        |                       |
|  |                                    |                       |
|  | To: _____                          |                       |
|  | Reason for leaving: _____<br>_____ |                       |

| Employer & Address                               | Employment Dates                   | Work Performed/Duties |
|--|------------------------------------|-----------------------|
| Supervisor: _____<br>_____<br>Telephone #: _____ | From: _____                        |                       |
|  |                                    |                       |
|  | To: _____                          |                       |
|  | Reason for leaving: _____<br>_____ |                       |

| Employer & Address                               | Employment Dates                   | Work Performed/Duties |
|--|------------------------------------|-----------------------|
| Supervisor: _____<br>_____<br>Telephone #: _____ | From: _____                        |                       |
|  |                                    |                       |
|  | To: _____                          |                       |
|  | Reason for leaving: _____<br>_____ |                       |

Comments – Include any gaps in employment: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra curricular activities:

---

---

---

---

---

Describe any job related training received in the United States Military:

---

---

---

List professional, trade, business or civic activities and offices held:

---

---

---

Additional information, qualifications or skills you feel may be applicable for the position applied for:

---

---

---

Are you able to perform in a reasonable manner, with or without reasonable accommodations the activities involved in the position for which you have applied? Yes\_\_\_ No\_\_\_ (NOTE: Do not answer this question unless you have been informed of the requirements of the job for which you are applying)

**REFERENCES – Personal and Professional:** Do not include family or past supervisors.

| NAME | PHONE NUMBER | OCCUPATION |
|------|--------------|------------|
|      |              |            |
|      |              |            |
|      |              |            |
|      |              |            |
|      |              |            |
|      |              |            |

**APPLICANTS STATEMENT:**

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

This application for employment shall be considered active for a period not to exceed forty five (45) days.

I hereby understand and acknowledge that, unless otherwise defined by applicable law; any employment relationship with this organization is of an **“AT WILL”** nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this **“AT WILL”** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interviews(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of this employer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**NOTE**

Jefferson County Emergency Medical Services is a drug free workplace.

Drug and alcohol abuse will not be tolerated in any form. All volunteers and employees of the district may be asked to take random blood, breath or urine tests.

By my signature below, I authorize and consent to the above policy and random testing for drugs or alcohol abuse.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# JEFFERSON COUNTY

## EMERGENCY MEDICAL SERVICE DISTRICT

### Confidential Questionnaire

The Oregon Health Authority, Emergency Medical Services (OHA/EMS) requires individuals who operate or provide care on a licensed ambulance to sign the following statement: I certify that to the best of my knowledge, I am physically and mentally qualified to act as an EMT or qualified driver/operator of an ambulance. That I am free from addiction to controlled substance or alcohol, or if not so free, that I am currently rehabilitated. That I am free from epilepsy or diabetes, or if not so free, that I have been free from any lapses of consciousness or control occasioned thereby for a period of at least one hundred eighty (180) days.

These personal history questions are the same questions that all EMT applicants must answer prior to being issued their license.

1. Do you or have you had within the past 10 years, any physical or mental condition that impairs, could impair, or has impaired your ability to perform the duties of an EMT or First Responder including the functions of driving or operating an ambulance? Yes \_\_\_ No \_\_\_
2. Do you or have you used, any drug or chemical substance for other than legitimate medical purposes that impairs or has impaired your ability to perform the duties of an EMT or First Responder including the functions of driving or operating an ambulance? Yes \_\_\_ No \_\_\_
3. Have you been counseled about, diagnosed with, or treated for, a dependency on alcohol or drugs? Yes \_\_\_ No \_\_\_
4. Have you ever been arrested, charged with, or convicted of any misdemeanor or felony?  
Yes \_\_\_ No \_\_\_
5. If you have been or are currently an EMT/First Responder, has an employer or supervising physician taken disciplinary action against you related to your duties as an EMT or First Responder? (Includes suspension, letter of reprimand, resignation in lieu of termination, a limitation or restriction of scope of practice or dismissal for cause) Yes \_\_\_ No \_\_\_
6. Have you been named in a lawsuit alleging medical malpractice or misconduct related to providing medical care? Yes \_\_\_ No \_\_\_
7. Have you ever been disciplined, denied or revoked by the National Registry of EMTs or any health care certifying/licensing agency? Yes \_\_\_ No \_\_\_
8. Have you ever surrendered or resigned a health care license or certificate? Yes \_\_\_ No \_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_