



Delaware County EMS

Employment Application

Instructions: Please type or print legibly. All areas MUST be completed for consideration. Attach additional pages as needed. Return completed form to Delaware County EMS, 401 E. Jackson St., Muncie, IN, 47305. Applications are kept on file in Human Resources for 60 days.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Desired Salary: \$ _____

Are you related to any current Delaware County employee? If yes, state name and relation. _____

Position Applied for: _____ FT PT

What is your PSID number? _____

Do you currently have an Indiana EMT, AEMT, or Paramedic Certification? YES NO Have you applied for reciprocity through IDHS? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for Delaware County? YES NO If yes, where and when? _____

Have you ever been convicted of a crime other than a minor traffic violation? YES NO If yes, explain on a separate sheet of paper.

Are you 18 years of age, or older? YES NO Do you currently possess a current, valid driver's license? YES NO

Are you willing to submit to a drug screen/physical exam? YES NO What is your PSID #, provided by the state of IN? _____

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City/State: _____

All applications must be received and date stamped DCEMS prior to advertised deadline, or applicant will be disqualified. Delaware County EMS is an equal opportunity Employer.

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

EMT Class: _____ City/State: _____

From: _____ To: _____ Did you pass the registry? YES NO
 Instructor: _____

Paramedic Program: _____ City/State: _____

From: _____ To: _____ Did you pass the registry? YES NO Lead
 Instructor: _____

References

Please list three (3) professional references, who know your background and qualification, we may contact. Do not list relatives as references.

Full Name: _____ Relationship: _____
Company/Title: _____ Phone: (____) _____
Email Address: _____

Full Name: _____ Relationship: _____
Company/Title: _____ Phone: (____) _____
Email Address: _____

Full Name: _____ Relationship: _____
Company/Title: _____ Phone: (____) _____
Email Address: _____

Previous Employment

Employer: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: (____) _____

Address: _____ Supervisor: _____

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Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone:() _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Certification of Application and Authorization of Reference

Delaware County EMS/Delaware County does not discriminate on the basis of race, color, gender, religion, age, national origin, marital status, veteran status, disability, sexual orientation, or other basis prohibited by law.

I understand that my application will be on file in the Human Resources Department for sixty (60) days, and all materials accompanying this application become property of Delaware County EMS/Delaware County. If I still desire a position with Delaware County EMS/Delaware County, it is my duty to fill out a new application and file it with Delaware County EMS/Delaware County. Otherwise, Delaware County EMS/Delaware County will not consider me for employment after this application expires.

I certify that there are no misrepresentations or falsifications of these statements and answers. I am aware that should investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I also am aware that falsification of this application, or any accompanying data, may result in my dismissal from any position with Delaware County EMS/Delaware County.

I understand that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I agree to submit to alcohol and/or drug screening tests, if requested of me, and any time prior to or during my employment.

I understand that should an employment offer be extended to me, and accepted that I will fully adhere to the policies, rules, and regulations of employment of Delaware County EMS/Delaware County. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration, and at will, and that either I or Delaware County EMS/Delaware County may terminate my employment at any time, with or without notice.

I authorize any person, agency, partnership, or corporation having any information concerning my background, educational records, or employment records to release such information. This is to be used for possible employment with Delaware County EMS/Delaware County.

Signature: _____ Date: _____

We are interested in any further information about you that may distinguish your application. This might include travel, honors, publications, advanced study, certifications, extracurricular activities, civic and/or special interests, and athletic participations. Note: Do not include information that would disclose your race, age, ethnic origin, religious beliefs, or political persuasion. (Attach additional pages as necessary.)

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General Statement of Policy

Delaware County will not employ individuals known to use illegal drugs or misuse prescription drugs. All prospective new employees shall be subject to drug and alcohol testing. Offers of employment shall be contingent on passing the pre-employment drug and alcohol screen.

All otherwise qualified applicants for employment will be tested for drug use prior to hiring by Delaware County EMS/Delaware County. This screening must be done within two (2) hours of the time you are instructed to submit a specimen. Applicants will be responsible for any costs and fees associated with the requisite drug and alcohol testing. The payment of costs and fees will be due at the time of the testing. Such testing will include the analysis of urine, or any other medically accepted testing procedure.

This application will serve as your consent form and must be signed prior to the time of any such drug testing, authorizing Delaware County EMS/Delaware County to conduct such testing and to rely upon the results, along with other pre-employment tools in extending or denying employment.

Consequences of Refusal to Take Test

Job applicants have the right to refuse to submit to a drug test, but such a refusal will result in the withdrawal of the job offer and disqualification from further hiring consideration.

Consequences of Positive Test Results

Applicants testing positive for the presence of drugs will automatically be disqualified from further hiring consideration for a period of one (1) year.

Data Privacy

Delaware County will not disclose the test result reports or other information acquired in the drug testing process to another employer or to a third party individual, governmental agency, or private organization without the written consent of the person tested, unless permitted or required by law or court order. Job applicants are required to submit to a drug screen as a condition of employment.

I, _____, have read and understand Delaware County EMS/Delaware County's Pre-Employment Drug Screen Policy.

Printed Name

Date

Applicant Signature

Date



PLEASE READ CAREFULLY:

This form is completely voluntary. It is used solely to help us comply with government record keeping, reporting, and other legal requirements. We appreciate your cooperation. It will be kept completely separate from any application and is not part of the application you submit. Applicants are considered for all positions. You may refuse to provide all or part of the requested data. Any refusal to provide information will NOT adversely affect your eligibility for employment.

No employee or candidate for employment shall, on the basis of race, color, gender, religion, age, national origin, marital status, veteran status, disability, sexual orientation, or other basis prohibited by law, not to be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to, discrimination in any term or condition of employment with Delaware County.

Sex (Gender): Female Male

Race/Ethnicity (check one):

- Hispanic or Latino**- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
- White (Not Hispanic or Latino)** - A person having origins on any of the original people of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins on any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one (1) of the above five (5) races.

Veteran Status: Veteran Non-veteran

Please Identify where you learned about an employment opportunity with this organization.

- Newspaper Employee Referral Recruiter
- Website Tech School/College State Employment Service
- Social Media Other _____

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CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Year) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Year) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Year) (Street) (City) (State/Zip)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Driver's License Number/State: _____

The information contained in the application is correct to the best of my knowledge.

I hereby authorize Delaware County EMS/Delaware County and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me to Delaware County EMS/Delaware County, or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have to include information or data received from other sources. Delaware County EMS/Delaware County and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and date of birth.

Signature: _____ Date: _____

Notice to California, Minnesota, and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.