



WESTERN EAGLE COUNTY AMBULANCE DISTRICT

PO BOX 1809
EAGLE, CO 81631

970-328-1130
Fax 970-328-1132

Emergency Medical Service

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or disability.

PERSONAL INFORMATION (PLEASE PRINT)

Date of Application _____

Referral Source: Advertisement _____ Friend _____ Relative _____ Other _____

Position Applied for _____

Type: Full-time _____ Part-time _____ Seasonal _____

Name _____
(Last) (First) (Middle)

Address _____

Telephone: Home: _____ Cell: _____ Alternate: _____

Have you filed an application here before? Yes _____ No _____ If yes, give date _____

Have you ever been employed here before? Yes _____ No _____ If yes, give date _____

Are you employed now? Yes _____ No _____ Date available to start work? _____

Please describe your ability to perform the essential job functions of the position for which you are applying, with or without reasonable accommodations, as such essential job functions are identified on the attached job description: _____

Have you ever been convicted, plead guilty or no contest to a felony? Yes _____ No _____

If yes, please explain: _____

Have you ever physically or sexually abused or assaulted another person? Yes _____ No _____

If yes, please explain _____

Have you ever been arrested for any crime related to physical or sexual abuse or assault?

Yes _____ No _____ If yes, please explain _____

Have you ever stolen money or property? Yes _____ No _____

If yes, please explain _____

Do you currently use any drug, other than prescription medication pursuant to and consistent with a valid prescription or over-the-counter medication consistent with the medication's directions?

Yes _____ No _____ If yes, please explain _____

Have you ever had any medical related certification withdrawn or revoked? Yes _____ No _____

If yes, please explain _____

Do you have a current drivers license? Yes _____ No _____

Driver License Number _____ State _____

Have you ever had your drivers license revoked or suspended? Yes _____ No _____

If yes, please explain _____

Do you have a current COLORADO EMT certificate? Yes _____ No _____ (attach copy)

Have you been cited for, been convicted of, plead guilty or no contest to a moving motor vehicle violation within the last 18 months? Yes _____ No _____

If yes, please explain _____

GENERAL EDUCATION

	Name and Location of School	Highest Grade Completed	Degree Received
High School			
College			
Other			

Honors and Recognition received: _____

Special skills and Qualifications: _____

Extra Curricular Activities: _____

EMS EDUCATION

	Name, School and Dates Attended	State or National Certification Number
First Aid/ First Responder		
EMT-Basic		
EMT-Intermediate		
EMT-Paramedic		

FORMER EMPLOYERS

List below your last four employers, starting with the most recent one first. Please attach a list of employers if you have had more than 4 in the past 5 years.

Dates	Name, Address and Phone Number Of Employer	Salary	Position
From:		Start:	
To:		End:	
Reason For Leaving:			
From:		Start:	
To:		End:	
Reason For Leaving			
From:		Start:	
To:		End:	
Reason For Leaving			
From:		Start:	
To:		End:	
Reason For Leaving			

Are you a veteran of the Military Services? Yes _____ No _____

If yes, what Branch? _____

What was the nature and type of your military training and experience? _____

Give name, address and telephone number of three references that are not related to you.

1. _____

2. _____

3. _____

The following release may be sent to former employers, schools, volunteer organizations etc. when doing reference checks, background checks and verifying employment.

I have applied to Western Eagle County Ambulance District for employment consideration. In order that they may better evaluate my qualifications, I wish that they be fully advised of my record with you.

I hereby respectfully request that you furnish the necessary information and authorize its release without penalty or liability due to defamation, an invasion of privacy or civil rights.

Initials_____

Please initial the following:

If selected for employment by the Western Eagle County Ambulance District, the District will perform a driving record check in Colorado and any other state necessary. The District will obtain copies of any reports and may condition employment on the information contained in such reports. Do you consent to such check? Yes ___ No ___ Initials_____

If selected for employment by the Western Eagle County Ambulance District, the District will perform criminal history background check. The District will obtain copies of any reports and may condition employment on the information contained in such reports. Do you consent to such check? Yes ___ No ___ Initials_____

If you are offered a job, prior to reporting to work, you may be required to successfully complete a medical examination based on criteria that are necessary to performing the essential job functions. Do you consent to such medical examination? Yes ___ No ___ Initials_____

Do you consent to a mandatory blood or urine test to detect the presence of drugs in your system, which is required of all finalists for the position? Yes ___ No ___ Initials_____

I understand that signing this application does not create a contract of employment nor guarantee employment for any definite period of time. I understand that if I am hired the Western Eagle County Ambulance District, I will be hired **at the will** of the Western Eagle County Ambulance District and my employment may be **terminated at any time, with or without cause and with or without notice.**

My signature below acknowledges that I have read and understand this application, and I agree to be considered for employment with Western Eagle County Ambulance District on the conditions set forth above.

Applicant's Signature

Date

Applicant Printed Name

Application Checklist before you send. Please do not send this check list.

Application

Cover Letter

Resume

Certifications

Mail to:

WECAD
PO Box 1809
Eagle, CO 81361
Attn: Hiring Committee