

**THE HARDY COUNTY EMERGENCY AMBULANCE AUTHORITY
P. O. BOX 671
MOOREFIELD, WV 26836**

(An equal opportunity employer and service provider)

APPLICATION FOR EMPLOYMENT

Applicant Name: _____

Address: _____

City: _____ **State:** _____

Home Phone: _____ **Cell Phone:** _____

Email address: _____

.....
By completing and submitting this application I realize and agree to the following elements of employment if I am offered and accept a position. Please initial each item:

_____ I agree and acknowledge that the employer has the right to complete a criminal background check, a DHHR – Abuse and Neglect Check, and a DMV check to assure I meet the standards required by law to fulfill this position.

_____ That the workplace in a violence free place of employment and any confirmed cases of verbal or physical violence towards a patient, co-worker, supervisor, board member, or a community citizen will result in termination from employment.

_____ That this is a drug free workplace and that drug testing is permitted for any / all employees whenever it is reasonable as defined in the policy / procedure manual. Drug testing is required for all safety sensitive positions, pre-employment, random, or reasonable suspicion.

_____ I understand that my employment is AT-WILL and that we can terminate your employment or you may quit at any time with or without cause

_____ I understand this position requires working assigned schedule and may vary to include evening, week-end and nocturnal hours to meet the needs of the company and community

.....

Applicant Name: _____

Employment History

Employer	Dates (from-to)	Position	Reason for leaving

Current EMS training: COPIES REQUIRED AT TIME OF EMPLOYMENT

_____ Paramedic, _____ EMT, _____ EMR, _____ Certified Vehicle Operator

(All applicants must be certified in EVOC)

List expiration date: _____

Trainings other- check all that apply: COPIES REQUIRED AT TIME OF EMPLOYMENT

_____ Professional rescuer level CPR (AHA or Red Cross), _____ ACLS, _____ PALS,

_____ PEEP, _____ ITLS, _____ FIT, _____ CCT, _____ First Aid

_____ Other (list):

Applicant name: _____

References (please list past employers first then if needed due to limited employers you may list personal references but they may not be family members or persons living in your household) PLEASE LIST FIVE (minimum of three)

Name	Indicate Work or Personal	Contact information

List all related volunteer positions

Location	Start date	End date	Phone Number

List all special skills / other relevant to the position for which you are applying:

Skill	Training required	Date completed

I agree by signing and submitting this application that all information is accurate- and that no information has been falsified or omitted and I authorize the agency to complete record checks and background screening for the purpose of determining eligibility for employment to include completing a E-VERIFY AS REQUIRED BY LAW.

Applicant Signature: _____

Date: _____

Send application to:

THE HARDY COUNTY EMERGENCY AMBULANCE AUTHORITY
P. O. BOX 671
MOOREFIELD, WV 26836
Attn: Executive Director

Application received by: _____

Date: _____

A am applying for the following position (check all your qualify for and are interested in)

_____ **Medic- full time**

_____ **Medic-part time**

_____ **EMT- full time**

_____ **EMT-part time**

_____ **EMR / Driver- full time**

_____ **EMR- part time**

_____ **Fill in position- as needed at the training level of _____.**