



## EMERGENCY MEDICAL SERVICES EMPLOYMENT APPLICATION

*Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or any other legally protected status.*

<b>Position(s) Applied For</b> <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Paramedic	<b>Date of Application</b>
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### APPLICANT DATA

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s) [Home]			[Cell]		
			Email Address		

Can you lawfully become employed in this country?  Yes  No

Are you over the age of 18?  Yes  No

Do you have any friends or relatives that work for the City of Raytown?  Yes  No If yes, write the name, relationship, and department: \_\_\_\_\_

Have you been employed by the City of Raytown in the past?  Yes  No If yes, write the department and the dates you were employed: \_\_\_\_\_

Have you applied here before?  Yes  No When? \_\_\_\_\_

**Are you interested in  Full time  Part time  Temporary**

Desired wage: \_\_\_\_\_

Having read the job description, can you perform the essential functions of the position?  Yes  No

When can you start employment? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No

Are you currently employed?  Yes  No

Can we contact your present employer?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you ever pleaded "no contest," guilty, or otherwise been convicted of a crime?  Yes  No  
 If you answer yes, list the offenses and dates of the incident (this does not automatically disqualify your application): \_\_\_\_\_

How did you hear about the open position or the department? \_\_\_\_\_

## Employment Application Section II

### EMPLOYMENT EXPERIENCE

*Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names that indicate race, color, religion, sex, or national origin.*

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**Employer 1** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Supervisor's Name** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Reason for leaving** \_\_\_\_\_

**Dates of Employment: From** \_\_\_\_\_ **To** \_\_\_\_\_ **May we contact this employer?** \_\_\_\_\_

**Salary or Hourly rate** \_\_\_\_\_

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**Employer 2** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Supervisor's Name** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Reason for leaving** \_\_\_\_\_

**Dates of Employment: From** \_\_\_\_\_ **To** \_\_\_\_\_ **May we contact this employer?** \_\_\_\_\_

**Salary or Hourly rate** \_\_\_\_\_

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**Employer 3** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Supervisor's Name** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Reason for leaving** \_\_\_\_\_ - \_\_\_\_\_

**Dates of Employment: From** \_\_\_\_\_ **To** \_\_\_\_\_ **May we contact this employer?** \_\_\_\_\_

**Salary or Hourly rate** \_\_\_\_\_

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**Explain any gaps in employment or important information about your employment history:**

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## Employment Application Section III

### EDUCATION

List Schools and Collages Attended, INCLUDE DEGREES AND NUMBER OF YEARS COMPLETED

High School \_\_\_\_\_

Undergraduate/College \_\_\_\_\_

Graduate / Professional \_\_\_\_\_

Other \_\_\_\_\_

### ADDITIONAL APPLICANT DATA

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

List all professional licenses and certifications:

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Describe any special qualifications or skills that would be a benefit for this job:

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

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

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*Please exclude memberships that would reveal gender, race, religion, origin, age, ancestry, disability, or other protected status*

## Employment Section IV

### REFERENCES

List three people that are not related to you that you wish to include as personal and or professional references (*include name, address, and phone numbers*):

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
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## Employment Application Section V

### Applicant's Statement

*I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.*

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Raytown is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the 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 an authorized executive of this organization specifically acknowledges such change in writing.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### For Personnel Department Only

Remarks \_\_\_\_\_  
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\_\_\_\_\_

| |Qualified for Pre-Employment Testing | |Reference Verification | |Panel Interview Sched.

| |Final Interview Sched. | |Criminal Records Check | |Pre-employment Drug Screen