



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.

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

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

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 _____

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 _____

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 _____

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

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:

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

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

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

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 _____

For Personnel Department Only

Remarks _____

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

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