

Morgan County EMS

1258 Valley Road Berkeley Springs, WV 25411

Application for Employment

Applications can be returned via email to employment@morgancountyems.net or via fax (304) 258-6218

Your Contact Information

E-mail Address

Phone Number

First Name

Last Name

Middle Initial

Mailing Address

City

State

Zip

Which position are you applying for?

Date

Emergency Medical Technician

Paramedic

Other

Interested in

When are you available to begin work?

Full Time

PRN

References

First Name

Last Name

E-mail Address

Phone

Years Known

First Name

Last Name

E-mail Address

Phone

Years known

Check appropriate boxes for certifications you currently poses

WV EMT

WV Paramedic

CPR

ACLS

PALS/PEPP

BTLS/ITLS

EVOC

Drivers License (valid)

High School Diploma or Equivalent

Other

List any additional skills or certifications that you believe would be beneficial to your employment

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? If so, explain

No

Yes, if so explain

Explanation

Branch of Service

Dates of Service

Rank and Duties

Discharge Status

Location

Have you ever been, check all that apply

Disciplined or terminated for reckless driving

Placed on probation or terminated for excessive absenteeism

Disciplined or fired for insubordination

Disciplined or fired for violation of safety rules

Disciplined or fired for assault or fighting

Disciplined or fired for harassment

Disciplined or fired for abuse of a patient

Disciplined or fired for alcohol, drug or other substance abuse

Had your ability to practice suspended by your medical director

Explain any answers

Have you been charged with, found guilty of or plead no contest to the charge or DWI/DUI or had your license suspended or revoked within the prior 7 years?

No

Yes, if so explain

Explanation

Have you been charged with, found guilty of or plead no contest to any moving violations in the previous 7 years?

No

Yes, please explain

Explanation

List your last three employers or volunteer organizations, starting with the most recent.

Employer

Dates of Employment

Job Title

Hourly Rate/Salary

Job Description (including duties and responsibilities)

Employers Phone Number

May we contact them?

No

Yes

Employer

Dates of Employment

Job Title

Hourly Rate/Salary

Job Description (including duties and responsibilities)

Employers Phone Number

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No

Yes

Employer

Dates of Employment

Job Title

Hourly Rate/Salary

Job Description (including duties and responsibilities)

Employers Phone Number

May we contact them?

No

Yes

I certify that the information I have given on this application is true, complete and correct and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that the completion of this application does not mean that job openings exist and does not obligate the MCEMS in any way. Applications will remain active for twelve (12) months, after which time a new application is necessary. If hired, employment will be "at will" and either I or the MCEMS is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to preform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescribed to the individual) and illegal substances. A positive test for illegal substances will require proof of a current prescription. I further consent to allow my doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by MCEMS as a condition of my employment, and I hereby give my consent to the release of all information which MCEMS deems necessary to determine my ability to preform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from MCEMS.

I hereby authorize the MCEMS to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release MCEMS and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with MCEMS may be terminated.

Applicants Signature

Applicants Printed Name

Date:

Date Received by MCEMS

Signature of MCEMS Representative Receiving Application

Morgan County EMS (MCEMS) considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service or any other protected class. MCEMS is a drug free work place.