



PAWNEE COUNTY EMERGENCY MEDICAL SERVICES – JOB APPLICATION

Thank you for your interest in joining Pawnee County EMS! We are a rural service that averages 1100 calls per year, based out of two stations. We are staffed with a mix of full-time and PRN personnel, and truly believe in the “First Responder Family.” We have strong educational expectations, along with progressive protocols. If you would like to be considered for employment within our department, please complete this application in its entirety and submit it via mail or email.

*Sincerely,
Director Kara Lawrence*

Application Requirements

To be considered for a position as an employee with this agency, the applicant must meet the following criteria in order to qualify for employment.

- Applicants must hold a Kansas certificate, in good standing, in one of the following: EMR, EMT, Advanced EMT, or Paramedic.
- Applicants must be at least 18 years of age.
- Applicants must be a citizen of the United States.
- Applicants should not have any felony behaviors involving the use, production, transportation, or sale of illegal drugs or narcotics.
- Applicants must currently have a valid driver’s license, in good standing.
- Applicants must have a clean driving record.
- Applicants may be required to meet certain job-related sight and hearing standards required to meet essential job functions.
- As a condition of employment, applicants may be required to pass the following:
 - Physical Agility Test
 - Background Investigation
 - Drug Screening
 - Medical Examination



Disclaimer: All statements are subject to verification. Inaccuracies or incomplete statements may prevent the applicant from being hired by this agency. In accordance with the Privacy Act of 1974, disclosure of the applicant's social security number is voluntary. The social security number will be used for identification purposes and to ensure that proper records are obtained.

I have read and understand the above disclaimer and agree to the terms and conditions of completing this application.

Printed Name: _____ Signature: _____ Date: _____

Personal Information:

Name: _____ (Last) _____ (First) _____ (Middle)

Date of Birth: _____ Social Security Number: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Current Certificate Held: EMR EMT AEMT PARAMEDIC

Additional Certificates Currently Held: BLS CPR ACLS PALS PHTLS

AMLS ASLS CPR INSTRUCTOR

Position Applying For: PRN PART TIME FULL TIME

Available Start Date: _____ Requested Rate of Pay: _____



Motor Vehicle Operation:

Since positions with our agency require that you operate a motor vehicle, an investigation of your driving history and status must be made. In the space below, list any and all other states you had, or currently have, a driver's license through.

_____ Driver's License Number	_____ State	_____ Name Issued Under
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List all traffic citations you have received in the last five years.

_____ Violation	_____ Location	_____ Date of Citation
_____ Violation	_____ Location	_____ Date of Citation
_____ Violation	_____ Location	_____ Date of Citation
_____ Violation	_____ Location	_____ Date of Citation
_____ Violation	_____ Location	_____ Date of Citation



Experience and Employment:

Begin with your most current employment. Include all employment for the last 10 years. Use an additional piece of paper to complete if necessary.

Name and Address of Employer: _____

Dates of Employment: _____ Position/Title: _____

Supervisor Name: _____ Rate of Pay: _____

Reason for Leaving: _____

Name and Address of Employer: _____

Dates of Employment: _____ Position/Title: _____

Supervisor Name: _____ Rate of Pay: _____

Reason for Leaving: _____

Name and Address of Employer: _____

Dates of Employment: _____ Position/Title: _____

Supervisor Name: _____ Rate of Pay: _____

Reason for Leaving: _____

Name and Address of Employer: _____

Dates of Employment: _____ Position/Title: _____

Supervisor Name: _____ Rate of Pay: _____

Reason for Leaving: _____

Name and Address of Employer: _____

Dates of Employment: _____ Position/Title: _____

Supervisor Name: _____ Rate of Pay: _____

Reason for Leaving: _____



References:

During the course of the application consideration, people who know you will be asked to comment upon your suitability for the position applied for. Inquiries will be confined to job relevant matters. They should have knowledge of your qualifications.

Name: _____

Phone Number: _____

Time Known: _____

Relationship: _____

Name: _____

Phone Number: _____

Time Known: _____

Relationship: _____

Name: _____

Phone Number: _____

Time Known: _____

Relationship: _____

Name: _____

Phone Number: _____

Time Known: _____

Relationship: _____

Name: _____

Phone Number: _____

Time Known: _____

Relationship: _____



Questionnaire:

In the space below, provide how you will be a positive and productive addition to this agency.

In the space below, provide your preferred day of the week, and time of day, for an interview to be scheduled.

In the space below, indicate if you intend for this to be your primary place of employment, or if it will be a supplementary position.

In the space below, please provide any further information you feel is important for us to know upon consideration of your application.
