

**BILLINGS COUNTY EMS
APPLICATION FOR EMPLOYMENT**

BILLINGS COUNTY EMS 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. BILLINGS COUNTY EMS IS A DRUG-FREE WORKPLACE!

PLEASE PRINT

PERSONAL INFORMATION

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

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Other Phone: _____

Are you at least 18 years of age? YES NO Date Available to Start: _____

Hours Requested: (please circle) Full Time Part Time

How did you find out about this position? _____

Do you have any relatives or friends working here? _____

Please list: _____

POSITION INFORMATION

Position(s) applying for: _____

Have you ever worked for Billings County? _____

If so please list date(s): _____

Prior position(s) here: _____

Reason(s) for leaving: _____

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CERTIFICATION INFORMATION

CERT/LICENSE	EXPIRATION DATE	NUMBER	CERT/LICENSING AGENCY
CPR			
National Registry			
State License			
ACLS			
EVOC			
NRP			
PALS			
PHTLS/ITLS			
CPR Instructor			
Instructor Coordinator			
Other:			

WORK REQUIREMENTS AND GENERAL INFORMATION

Do you have a valid Driver's License? YES NO Class: _____

Issued by what State? _____ Driver's License #: _____

Have you ever been convicted of, pled guilty or no contest to a felony or misdemeanor?

If yes, please explain: _____

List all moving violations in the last 10 years: _____

Have you had your license suspended or revoked in the past 10 years? YES NO

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EMPLOYMENT HISTORY

(List your last three employers or volunteer activities, starting with the most recent.)

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ End Date: _____

Job Description (including duties and responsibilities): _____

Reason for leaving: _____

Employer's Telephone #: _____ May we contact? YES NO

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ End Date: _____

Job Description (including duties and responsibilities): _____

Reason for leaving: _____

Employer's Telephone #: _____ May we contact? YES NO

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Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ End Date: _____

Job Description (including duties and responsibilities): _____

Reason for leaving: _____

Employer's Telephone #: _____ May we contact? YES NO

Are you a veteran? YES NO Branch of Military/Date of Discharge: _____

Please explain any gaps in employment: _____

Have you ever been:

Disciplined or terminated for reckless driving? YES NO

Placed on probation or terminated for excessive absenteeism? YES NO

Disciplined or fired for insubordination? YES NO

Disciplined or fired for violation of safety rules? YES NO

Disciplined or fired for assault or fighting? YES NO

Disciplined or fired for harassment? YES NO

Disciplined or fired for patient abuse? YES NO

Disciplined or fired for alcohol or drug related activity at work? YES NO

If you answered yes to any question above, please explain:

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EDUCATION AND TRAINING

HIGH SCHOOL:

Name: _____ Address: _____

Years completed: _____ Did you graduate? YES NO

COLLEGE:

Name: _____ Address: _____

Years completed: _____ Did you graduate? YES NO

Degree: _____ Major: _____

OTHER COLLEGE:

Name: _____ Address: _____

Years completed: _____ Did you graduate? YES NO

Degree: _____ Major: _____

TECHNICAL SCHOOL /OTHER TRAINING:

Name: _____ Address: _____

Years completed: _____ Did you graduate? YES NO

Certificate/Degree: _____

OTHER:

EMS/FIRE/ LAW ENFORCEMENT RELATED TRAINING NOT LISTED ABOVE: _____

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REFERENCES

List three people who have knowledge of your work experience and/or education.

Name: _____ Address: _____

Occupation: _____ Years known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

Occupation: _____ Years known: _____

Telephone Number (including area code): _____

Name: _____ Address: _____

Occupation: _____ Years known: _____

Telephone Number (including area code): _____

List two personal references that have known you for at least three years outside work.

Name: _____ Address: _____

How they know you: _____

Years Known: _____ Telephone Number (including area code): _____

Name: _____ Address: _____

How they know you: _____

Years Known: _____ Telephone Number (including area code): _____

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ACKNOWLEDGMENT

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 completion of this application does not mean that job openings exist and does not obligate Billings County in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or Billings County 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 perform 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 (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by Billings County as a condition of my employment, and I hereby give my consent to the release of all information which Billings County deems necessary to determine my ability to perform 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 Billings County. I hereby authorize Billings County 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 Billings County and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

Applicant's Signature: _____ Date: _____

Printed Name: _____