

Ferry County EMS District #1

350 East Delaware Avenue, Stop #17
Republic, WA 99166
(509)775-3631



EMPLOYMENT APPLICATION

PRINT IN INK OR TYPE

Position Applied For _____

Name: Last _____ First _____ Middle _____

Physical address: _____

Mailing address: _____

E-Mail Address: _____ Phone: _____

Education (highest grade completed): _____
If College, list institution, degree, major and date of degree:

Special Skills or Training: _____

Talents and/or Hobbies: _____

Can you provide proof of citizenship, visa or alien registration number Yes _____ No _____

Are you willing to travel? Yes _____ No _____ If no, list times unavailable _____

Washington State Drivers License Number: _____

Endorsements: _____

Expiration Date: _____

List all names you have ever used or gone by (include maiden name or names from previous marriages, if any):

List relatives presently employed by Ferry County EMS District #1:

Name Relationship Department Location

Have you ever been convicted of a felony? (If yes, explain and indicate what bearing, if any, this conviction would have on your qualification and fitness to assume and/or perform the duties and responsibilities of an employee of Ferry County EMS District #1)

Starting with your current or last job, include all periods of employment including self-employment, military service and volunteer work within the last five years. Please account for all periods of unemployment. Use additional sheets if necessary.

May we contact your present employer? Yes _____ No _____

May we contact any or all of your former employers? Yes _____ No _____

If no, please specify which one(s): _____

Employer:	Dates of Employment (Mo/Yr)
Job Title:	From: To:
Address:	Ending Salary:
City, State, Zip:	Supervisor's Name & Title:
	Business Phone:
Work Performed:	
Reason for Leaving:	
Employer:	Dates of Employment (Mo/Yr)
Job Title:	From: To:
Address:	Ending Salary:
City, State, Zip:	Supervisor's Name & Title:
	Business Phone:
Work Performed:	
Reason for Leaving:	

Reason for Leaving:

NOTE: A resume is optional, unless requested in job announcement as a supplement to this application.

UNDERSTANDING AND AGREEMENT

In consideration of the review of this application and my possible employment by Ferry County EMS District #1, I agree to the following terms and conditions:

Verification: I verify that the information I have provided on this application is true and accurate. I understand that any false or misleading information that I furnish on or in connection with this application for employment may result in rejection of my application or termination of my employment.

Authorization and Release: I authorize Ferry County EMS District #1 to conduct an investigation of my qualifications for employment. I realize that the investigation may include contacting my current employer or prior employers and references unless I have indicated otherwise on this form. To the fullest extent authorized by law, I release any and all persons and parties connected with the investigation from any and all claims or damages arising from the gathering or furnishing of information as part of that investigation.

Background Check Authorization: I understand that the EMS District may do a Credit Check, a Criminal Background Check, and any other legal background checks as may be required.

Alcohol and Drug Policy: I understand that Ferry County EMS District #1 has a Drug Free Workplace Policy concerning alcohol and drug use. I understand that if I become employed by Ferry County EMS District #1, I will be subject to drug screening as outlined in the District’s policy.

By signing this application form, I certify that I have read and agree to the terms of the above employment Understanding and Agreement.

Applicant’s Printed Name

Applicant’s Signature

Date Signed