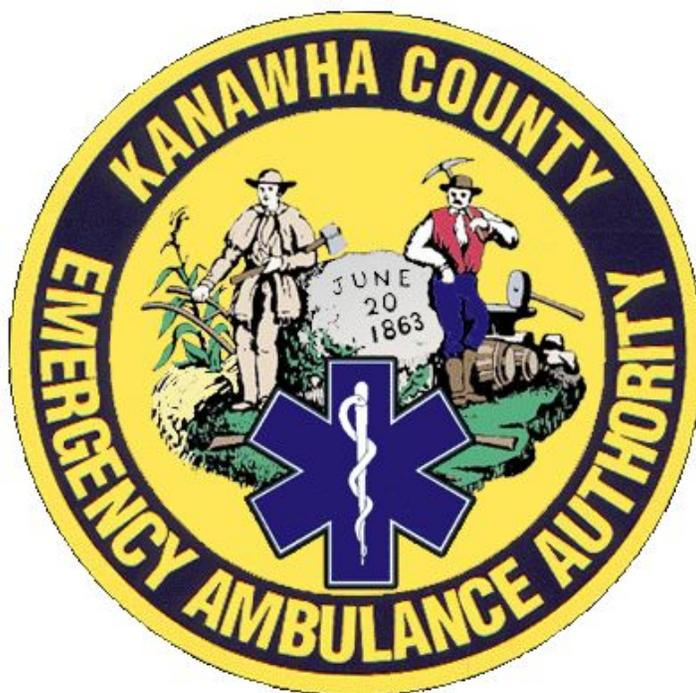


Employment Application

Kanawha County Emergency Ambulance Authority



P.O. Box 292
Charleston, WV
25321

304.345.2312

www.kceaa.org

KANAWHA COUNTY EMERGENCY AMBULANCE AUTHORITY

APPLICATION FOR EMPLOYMENT

TO APPLICANT: FEDERAL AND STATE LAWS REQUIRE THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, SEX, AGE OR NATIONAL ORIGIN.

(PLEASE PRINT)

DATE _____

NAME _____ **SOCIAL SECURITY NO.** ____-- ____-- ____
 LAST FIRST MIDDLE

PERSONAL

ADDRESS _____
 NUMBER STREET CITY STATE ZIP

TELEPHONE NO. ____ - ____ - _____ **REFERRED BY:** OUR ADVT. FRIEND OR RELATIVE NO ONE

POSITION(S) APPLIED FOR _____ FULL TIME PART TIME

HAVE YOU WORKED FOR US BEFORE? YES NO **IF YES, WHEN?** _____ **POSITION** _____

EDUCATION

NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE
ELEMENTARY			
HIGH SCHOOL			
COLLEGE	MAJOR:		
	DEGREE:		
EMS			

ARE YOU OVER 18 YEARS OF AGE? YES NO **IF NO, STATE YOUR AGE?** _____
 (EMPLOYMENT SUBJECT TO MINIMUM LEGAL AGE VERIFICATION)

ARE YOU A U.S. CITIZEN? YES NO **IF NO, CAN YOU LEGALLY REMAIN PERMANENTLY IN THE US?** _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUDING MISDEMEANORS AND TRAFFIC OFFENSES)? YES NO

IF YES, LIST CONVICTIONS: _____

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- Are you willing to work overtime? _____

- Date available for Work? _____

- Do you know any reason why you cannot perform the essential functions of the position for which you are applying? _____

PRIOR EMPLOYMENT

Employer:	Phone:	From:	To:
Address: City, State, ZIP		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone:	From: XXXXXXXXXXXX [K	
Address: City, State, ZIP		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone:	From:	To:
Address: City, State, ZIP		Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

May we contact your present employer? YES NO

MILITARY

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED

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YOUR QUALIFICATIONS

WV OPERATOR # _____

WV EMT # _____ **EXPIRATION DATE** _____

WV MICP # _____ **EXPIRATION DATE** _____

NR EMT-P # _____ **EXPIRATION DATE** _____

ACLS PROVIDER _____ **EXPIRATION DATE** _____

ITLS/PHTLS _____ **EXPIRATION DATE** _____

PEPP _____ **EXPIRATION DATE** _____

CPR _____ **EXPIRATION DATE** _____

EMS/FIRE SERVICE RELATED TRAINING: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (OTHER THAN LISTED UNDER PRIOR EMPLOYMENT):

