

NORTH COUNTRY EMS APPLICATION FOR EMPLOYMENT

NCEMS – 404 S. Parcel Ave, Yacolt, WA 98675
Office (360) 686-3271 FAX (360) 686-8127

PART TIME: Paramedic EMT Resident EMT Volunteer EMT (PMA)



NCEMS is an equal opportunity (EEO) employer and does not unlawfully discriminate on the basis of race, color, national origin, religion, age, sex, sexual orientation, marital status, disability, genetic information, veteran status or any other basis prohibited by federal, state or local law.

DO NOT SUBMIT PHOTOGRAPHS OF YOURSELF.

Last Name: _____

First Name: _____ MI: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Address: _____

City, State, Zip: _____

- Yes No Are you over the age of 18?
- Yes No Are you a U.S. citizen, or do you have a Visa permitting you to work in the U.S.? (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted.)
- Yes No Do you have job related certifications?
Please attach copies of all relevant certifications.
- Yes No Have you read the Job Announcement and can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation?
- Yes No Do you have, or can you obtain, a valid Washington State Driver's License?
- Yes No Have you ever had a certification/license suspended or revoked? If yes, attach explanation.

Applicant must read and sign agreement to the following:

- To the best of my knowledge, the information I provide herein, including on any attached documents, is true and complete.
- I authorize investigation of all statements in this application.
- I understand that providing false information on this application or in any portion of the recruitment process is grounds for disqualification and/or dismissal from employment, regardless of the time the information is discovered.
- All positions with NCEMS are "at will" positions; I understand that nothing in this application or my communications with any NCEMS official is intended to create an employment contract between the Agency and myself.
- I understand I will be required to submit to background checks, post-job offer medical examinations and/or drug screen as a condition of employment for certain Agency positions. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these tests or process is grounds for disqualification and/or dismissal.
- I understand that if I receive a Conditional Offer of Employment for a position where I will have unsupervised access to children, developmentally disabled persons or vulnerable adults, NCEMS is required to complete a thorough background check as required by the Child / Adult Abuse Information Act.
- I understand as a condition of employment prospective members must provide proof of immunizations or declinations to include: current Flu Shot, HBV, MMR, Varicella, TDAP, and current TST prior to receiving official job offer (not to be included with application).

Signature: _____

Date: _____

EDUCATION Do you have a High School diploma? Yes No Do you have a GED certification? Yes No N/A

List all educational institutions: colleges, universities & vocational schools you have attended:

- Institution: _____ Degree / Certificate received _____
- Institution: _____ Degree / Certificate received _____
- Institution: _____ Degree / Certificate received _____
- Institution: _____ Degree / Certificate received _____
- Institution: _____ Degree / Certificate received _____

CONVICTIONS Have you been ever been convicted of a felony. Yes No Have you been convicted of a felony or released from prison within the last 10 years, or have been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? Yes No If yes, please explain:

List charge(s): _____
List date(s) of conviction(s): _____

NCEMS is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's conviction record as it relates to job performance. **A conviction will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied.**

NORTH COUNTRY EMERGENCY MEDICAL SERVICE
APPLICATION FOR EMPLOYMENT

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EMPLOYMENT HISTORY Beginning with your present or most recent employment, list your work / experience history for the last 10 years or experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets as necessary. Be sure to include any non-paid experience which is related to the job for which you are applying. Complete the following sections even if you are submitting a resume in addition to this application. An incomplete application may disqualify you. If you have been known by a different name by any of these employers, please identify the employer and the name they knew you by.

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <p>Job Title: _____ Pay Rate: _____ (per hr/mo)</p> <p>Company: _____ Hours per Week: _____</p> <p>Supervisor Name: _____ Work Phone: _____</p> <p>Company Address: _____</p> <p>Hire Date: (mm/yy) _____ End Date: (mm/yy) _____</p> <p>Why did you leave / Why are you leaving?</p> | <p>Job Duties:</p> |
| <p>Job Title: _____ Pay Rate: _____ (per hr/mo)</p> <p>Company: _____ Hours per Week: _____</p> <p>Supervisor Name: _____ Work Phone: _____</p> <p>Company Address: _____</p> <p>Hire Date: (mm/yy) _____ End Date: (mm/yy) _____</p> <p>Why did you leave / Why are you leaving?</p> | <p>Job Duties:</p> |
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REFERENCES Please list three professional / personal references that have knowledge of your qualifications (**no family members**).

| | |
|---------------------------------------------------------------------------------------------------------|---------------|
| Name: _____ Company/Occupation : _____ Primary Contact Phone Number : _____ Years Known: _____ | Relationship: |
| Name: _____ Company/Occupation : _____ Primary Contact Phone Number : _____ Years Known: _____ | Relationship: |
| Name: _____ Company/Occupation : _____ Primary Contact Phone Number : _____ Years Known: _____ | Relationship: |

List or explain any other education, training or experience that would be helpful in rating your ability to perform this position. Attach copies of any certifications listed.

AUTHORIZATIONS

References will only be checked for finalists. Current and/or prior employers will only be contacted after an applicant has been notified that s/he is a finalist.

I certify that the information given by me to North Country Emergency Medical Service (hereafter referred to as NCEMS) is true and complete to the best of my knowledge. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, may result in discipline up to and including immediate dismissal. I further certify that I am not engaged in any outside activity or business that could be considered in conflict with NCEMS interest or those of its clients, nor will I become engaged in such activity or business if employed.

I, the undersigned applicant for employment with NCEMS, in consideration of the review of my employment application, do authorize NCEMS to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all prior employers or references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release NCEMS from any liability for future references it may provide regarding my work history at NCEMS.

I understand that volunteer positions are considered employees of the agency and are subject to all agency rules and policies.

NCEMS is a smoke and drug free work place. If employed, I agree to maintain abstinence from tobacco and drug usage on and off duty.

If employed, I further agree that if I lose, damage or fail to return any of NCEMS' property, NCEMS is authorized to deduct from my wages sufficient reasonable funds to replace its property.

It is my intention that any copy of this authorization be as effective as the original.

Date: _____

Name: _____
(please print)

Signature: _____

DRIVING RECORD (To be completed with application)

Name: _____
(please print) Last First MI

List all notices of infractions or traffic citations (other than parking tickets) which you have received in the past 5 years.

| State | Month / Year | Type of Infraction |
|-------|--------------|--------------------|
|-------|--------------|--------------------|

Infractions or citations will not necessarily remove you from consideration. North Country Emergency Medical Service (hereafter referred to as NCEMS) will, however, consider your driving record when making employment decisions.

The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.

Signed: _____ Date: _____

Finalists, upon notification that references will be checked, will be required to submit a copy of their driving abstract to NCEMS' Human Resources. Driving abstracts may be obtained at any Washington State Department of Licensing branch office for a small fee. Other states may have different procedures. This fee is at the Finalist's own expense.

NCEMS Driving Standards:

Applicants for positions in which the employee is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants may be disqualified under the following circumstances:

Violations

More than two moving traffic violations within the preceding three years; or reckless driving violation within the preceding five years; or driving while intoxicated within the preceding five years.

Accidents

More than one motor vehicle accident within the preceding three years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or "nolo contendere."

CONFIDENTIAL DISCLOSURE REPORT

(NOTARY SERVICE IS AVAILABLE AT FRONT DESK OR AT MOST BANKS AND CREDIT UNIONS)

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Last Name: _____</p> <p>First Name: _____ MI: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of any crime against children or other persons?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you been convicted of crimes relating to financial exploitation of a vulnerable adult?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you been found, by a court in domestic relations proceedings under Title 26 RCW, to have sexually abused or exploited any minor or to have physically abused any minor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you been found by a court in a protection proceeding under Chapter 74.24 RCW, to have abused or financially exploited a vulnerable adult?</p> | <ul style="list-style-type: none"> • RCW 43.43.834(2) requires that NCEMS, at the time it accepts an application for the position of volunteer or paid employee, obtain the following information from the applicant if the applicant, when hired, may have unsupervised access to children under sixteen (16) years of age or developmentally disabled persons or vulnerable adults during the course of employment or where a volunteer may have access to groups of five (5) or fewer children under twelve (12) years of age, or three (3) or fewer children between twelve (12) and sixteen (16) years of age, or developmentally disabled persons or vulnerable adults. To comply with the statutory requirements, please answer the accompanying questions under oath. <p>Applicant Signature: _____ Date: _____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <p>STATE OF _____)</p> <p>County of _____)</p> | <p>ACKNOWLEDGMENT OF INDIVIDUAL</p> |
| <p>I certify that I know or have satisfactory evidence that _____ Is the person who appeared before me, and said person acknowledged that he/she signed this document and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the document.</p> | |
| <p>Dated: _____</p> <p style="text-align: center; margin-top: 20px;">stamp</p> | <p>Notary Public in and for the State of _____ residing in _____ My appointment expires _____</p> |

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE *(optional)*

This page will be removed from the application and kept separately.

NCEMS is an equal opportunity (EEO) employer and does not unlawfully discriminate on the basis of race, color, national origin, religion, age, sex, sexual orientation, marital status, disability, genetic information, veteran status or any other basis prohibited by federal, state or local law. Recruitment processes are conducted to ensure open competition, provide equal employment opportunity and prohibit such discrimination. This form is voluntary and will remain anonymous. It will be used only for internal and federal reporting purposes, as applicable. This information will help NCEMS evaluate its efforts in providing equal opportunity employment.

RECRUITMENT SOURCE: Where did you *first learn* about this particular job opening? *(choose one)*

- | | | | |
|--------------------|---------------------------------------------------------------|---------------------------------|----------------------------------------|
| From NCEMS: | <input type="checkbox"/> NCEMS Website | Newspaper / Job Website: | <input type="checkbox"/> The Columbian |
| | <input type="checkbox"/> NCEMS employee | | <input type="checkbox"/> The Oregonian |
| Other: | <input type="checkbox"/> Friend, Acquaintance | | <input type="checkbox"/> The Reflector |
| | <input type="checkbox"/> College / University (where?) _____ | | |
| | <input type="checkbox"/> Employment Department (where?) _____ | | |
| | <input type="checkbox"/> Job Fair: (where?) _____ | | |
| | <input type="checkbox"/> Other Website _____ | | |

RACE/ETHNICITY: Select one of the following. If you are unsure which race/ethnic category is appropriate, check the one with which you most closely identify. Ethnic group categories and definitions are as defined by and reported to the Federal Equal Employment Opportunity Commission.] *(choose one)*

- | | | |
|-------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American | <input type="checkbox"/> Other: |

SEX..... Female Male

AGE OVER 40..... Yes No

DISABLED STATUS:

- Person with a Disability:** Any person who: (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities (such as communication, walking, self-care, socialization, education, vocational training, employment, transportation, etc.), (2) has a record of such impairment, or (3) is regarded as having such an impairment. Note: contact Human Resources to request an accommodation.

VETERAN STATUS:

- Recently Separated Veteran:** Served on active duty during the three-year period beginning on the date of such veteran's discharge or release from active duty.
- Other Protected Veteran:** Served on active duty during a war or in a campaign or expedition for which a campaign badge or service medal was authorized (Dept. of Defense Regulations or Exec. Order 12985).

I do not wish to disclose my EEO information