

BEFORE COMPLETING AN APPLICATION PLEASE READ THE FOLLOWING INFORMATION AND FOLLOW ALL INSTRUCTIONS INDICATED BELOW:

Township Seven



- Please type or use **BLACK/BLUE INK** only. Keep in mind your application needs to be legible.
- Complete each section.
- Include complete names, dates, and addresses.
- Review the last page of this packet for important information.
- You may submit a resume, but it is not required and cannot be sent in place of this application.
- Sign and date the application then email or send in the US mail. Do NOT fax it to us.
- Remove this cover page and the last page (Check list) prior to submitting your application.

Return to: 2103 Old Cherry Point Rd New Bern NC, 28560

**E-Mail Address:
twpsevenems@suddenlinkmail.com**

**Visit our website to learn more about Township Seven EMS
<http://www.townshipsevenems.org>**

Township 7 EMS Application

(Check all that apply)

Application Date: ___/___/___

EMPLOYMENT TYPE

Type of Position: Full-time Part-time Volunteer PRN Intern

Certification Level of Position: Paramedic AEMT EMT

PERSONAL INFORMATION

Name: _____
Last First Middle

Social Security Number: _____ DOB: _____

Current Address: _____
(street address)

(city) (state) (zip code)

Telephone: (____) _____ (____) _____
Home Cell phone Cell phone Carrier/OS

Previous Address: _____
(If less than 5 years at your current address.) (street address)

(city) (state) (zip code)

E-Mail Address: _____

Emergency Contact: _____
Name Phone

Email

MILITARY SERVICE

Are you a veteran? Yes No Dates of Military Service: _____

Are you a member of the Military Reserves? Yes No

OTHER INFORMATION

Are you a U.S. Citizen?

 Yes NoIf not, are you eligible to accept permanent employment in this country? Yes No

Visa type: _____

EDUCATION

Schools	Name and Location (city and state)	Dates Attended	Did you graduate?	Major/Minor	Degree
High School			Yes		
			No		
College/ University (include all)			Yes		
			No		
Graduate or Professional			Yes		
			No		
Other educational vocational school internships, etc.			Yes		
			No		

EMPLOYMENT

List below all present and past employers over the past three years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip code	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s) – full name(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
2.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip code	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s) – full name(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			

3.	Employer		Start Date	End Date	Essential job functions of final position
	Address				
	City, State, Zip code		Starting Salary	Ending Salary	2.
	Phone number				
	Fax number	Supervisor(s) – full name(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				

4.	Employer		Start Date	End Date	Essential job functions of final position
	Address				
	City, State, Zip code		Starting Salary	Ending Salary	2.
	Phone number				
	Fax number	Supervisor(s) – full name(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				

DRIVING AND BACKGROUND

Drivers License Information: _____
Number State

Do you have any moving violations in the three years? Yes No

If yes, please explain: _____
(use a separate sheet if necessary)

Have you been convicted of Driving Under the Influence (DUI) or any other traffic violations in the last seven years? Yes No

If yes, please explain: _____
(use a separate sheet if necessary)

Have you ever been convicted of a felony, or misdemeanor, (in the last two years), or are you presently formally charged with committing a criminal offence? If yes, furnish details or conviction, offence, location, date and sentence. Yes No

If yes, please explain: _____
(use a separate sheet if necessary)

In the past five years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed to you by a physician? If yes, furnish details.

Yes No

If yes, please explain: _____
(use a separate sheet if necessary)

MEDICAL CERTIFICATION

Current NC EMS Certification Level	Date of Completion	Expiration Date

What institution/agency provided your current level certification training?

Are you approved to practice in Craven, Jones, or Pamlico County? Yes No

Have you ever been reprimanded and/or disciplined by your medical director?

Yes No

If yes, please explain: _____
(use a separate sheet if necessary)

Are your continuing education requirements up to date? Yes No

Where have you been receiving your continuing education?

MEDICAL CERTIFICATION

List all emergency services certifications and/or training that you have completed (this includes ICS, Hazmat, PALS, ACLS, BTLIS, etc.)

Certification or Training	Date Completed	Expiration Date

PROFESSIONAL AND CIVIC

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, sexual orientation, national origin, ancestry, age, disability or any other protected status.

1.
2.
3.
4.

VOLUNTEER EXPERIENCE

Have you ever volunteered for an EMS and/or Fire agency? YES NO

If yes, please list your two most recent agencies related to EMS and Fire services ONLY.

1.	Agency (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		Start Date	End Date	Essential job functions of final position
	Job positions(s)				1.
	Address				2.
	City, State, Zip code				3.
	Phone number	Supervisor(s) – full name(s)			4.
	Fax number	E-mail address of supervisor			
	Reason(s) for leaving				
2.	Agency		Start Date	End Date	Essential job functions of final position
	Job positions(s)				1.
	Address				2.
	City, State, Zip code				3.
	Phone number	Supervisor(s) – full name(s)			4.
	Fax number	E-mail address of supervisor			
	Reason(s) for leaving				

INTEREST

Why do you want to work and/or volunteer for Township Seven EMS?

Is there any additional information that you feel would be helpful and/or useful for us to know about you as an applicant?

ACKNOWLEDGEMENT AND UNDERSTANDING

Please read each statement closely and initial acknowledging your understanding

Initials	Statement
_____	<p style="text-align: center;"><i>Equal Employment Opportunity</i></p> <p>This Company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, sexual orientation, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the Company.</p>
_____	<p style="text-align: center;"><i>Discrimination and Sexual Harassment</i></p> <p>This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.</p>
_____	<p style="text-align: center;"><i>Drug/Alcohol Testing</i></p> <p>If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company.</p>
_____	<p style="text-align: center;"><i>Complete and Accurate Information</i></p> <p>I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.</p>
_____	<p style="text-align: center;"><i>Testing Authorization</i></p> <p>If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company and/or Medical Director as a condition of employment.</p>
_____	<p style="text-align: center;"><i>Investigation Authorization</i></p> <p>I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references, and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving, and criminal background.</p>

REFERENCES

Please indicate the names of the persons who will provide your references. The first reference should be your current or most recent supervisor

Reference Name	Address	
Title	Telephone # ()	

Reference Name	Address	
Title	Telephone # ()	

Reference Name	Address	
Title	Telephone # ()	

AGREEMENT

I certify that I have given true, accurate and complete information on this application and any supplements. I authorize educational institutions, associations, registration and licensing boards and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand false information or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and/or criminal action. I further understand that dismissal upon employment shall be made mandatory if fraudulent disclosures are given to meet position qualifications (Authority: North Carolina G.S. 14-100.1; 14-113.20; and 14-122.1). Notwithstanding any provision of State or Federal law, I expressly waive any right I may have to review material or information received from a previous employer or educational institution under promise of confidentiality.

Signature of applicant

Date

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Application Checklist

This check list is for your use and should not be turned in with your application.

- Copy of NC EMT (Basic, Intermediate, or Paramedic) certification
- Copy of ACLS, PALS, PHTLS, and CPR.
- Copy of your driver's license
- Copy of your NC driving record

Obtained from: NCDMV Headquarters Building
 1100 New Bern Ave.
 Raleigh, NC 27697-0001

Here is a link that will be of assistance:

<https://www.ncdot.gov/dmv/online/records/>

- Copy of your criminal background check (If not currently working in this system).

Other Important Information

- Prior to your interview we recommend you review the CJP protocols, particularly if you are not currently working in this system. This will be helpful. Here is a link to the website where you can download electronic copies of the protocols:

<http://www.cjpems.com/>