

Complete and mail or email to:
Garrard County EMS

319 Stanford Street
Lancaster, KY 40444

garrardemsdirector@gmail.com

Garrard County EMS

Application For Employment



Address: _____

Phone: _____ Email: _____

EMT Advanced EMT Paramedic

Check position applying for.

How Did You Learn About Us?

Advertisement Relative Inquiry
 Employment Agency Friend Other

Last Name First Name Middle Name

KBEMS ID Number Drivers License Number

When is the best time to contact you? AM PM Anytime

Are you currently licensed or certified in Kentucky for position applying for?

Have you ever filed an application or worked with us before?

If yes, list date. _____

Do any of your friends or relatives work here?

If yes, please list. _____

Are you currently employed ?

May we contact your current employer?

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status ?

Proof of citizenship or immigration status will be required upon employment

Date available to begin work What is desired salary range?

Are you available to work: Full Time Part time Temporary

Are you currently on "lay-off" status and subject to recall?

Can you travel if job requires it?

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Employment Experience



Garrard County EMS will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Professional Work Experience Beginning With Most Recent

<input type="text"/>		Dates Employed	<input type="text"/>	
Employer			From	To
<input type="text"/>			Hourly Salary rate	
Address			Starting	Ending
<input type="text"/>		Telephone Number	<input type="text"/>	
<input type="text"/>		Work Performed		
<input type="text"/>	<input type="text"/>	Job Title		

<input type="text"/>		Dates Employed	<input type="text"/>	
Employer			From	To
<input type="text"/>			Hourly Salary rate	
Address			Starting	Ending
<input type="text"/>		Telephone Number	<input type="text"/>	
<input type="text"/>		Work Performed		
<input type="text"/>	<input type="text"/>	Job Title		

<input type="text"/>		Dates Employed	<input type="text"/>	
Employer			From	To
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Work Experience continued.

Employer		Dates Employed	From	To
Address		Hourly Salary rate	Starting	Ending
Telephone Number	Work Performed			
Job Title	Supervisor			

Employer		Dates Employed	From	To
Address		Hourly Salary rate	Starting	Ending
Telephone Number	Work Performed			
Job Title	Supervisor			

List all educational degrees, professional licenses, certificates etc.

Please also note provider or instructor attainment in each.

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Applicant's Statement



Garrard County EMS will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

- 1. Have you been convicted or forfeited bail for a traffic violation other than a parking violation?
- 2. Have you been convicted of a felony, misdemeanor, DUI other offenses?
- 3. Have you been certified by a court or other agency as being habitually addicted to, or an abuser of alcoholic beverages, drugs or controlled substances?
- 4. Has your KBEMS license or certification ever been suspended or on probation?

If you answered "YES" to any of the above questions, attach an explanation on a separate page.

*** Please initial each

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to wheter or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Garrard County Fiscal Court.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Applicant Signature: _____ Date: _____