

**NOTICE TO APPLICANTS AND EMPLOYEES**

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.



**MUSKOGEE COUNTY EMERGENCY MEDICAL SERVICE  
APPLICATION FOR EMPLOYMENT**

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Referral Source ( ) Employee ( ) Relative ( ) Advertisement ( ) Government Employment Agency  
( ) Walk-in ( ) Private Employment Agency ( ) Other \_\_\_\_\_

Name of source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
Street City State Zip

Home Phone ( ) \_\_\_\_\_ Cellular /Other Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

May we contact you at work? ( ) Yes ( ) No If yes, your work number is \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? ( ) Yes ( ) No ( ) N/A  
If no, please explain \_\_\_\_\_

Are you legally eligible for employment in this country? (If yes, proof is required if hired) ( ) Yes ( ) No

Have you submitted an application here before? ( ) Yes ( ) No If yes, give position(s) and dates: \_\_\_\_\_

Have you ever been employed here before? ( ) Yes ( ) No If yes, give date(s) \_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from our company? ( ) Yes ( ) No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your expected pay? \$ \_\_\_\_\_

Type of employment desired ( ) Full-Time ( ) Part-Time / PRN ( ) Temporary

Are you willing to work .....mark **all** that apply ( ) Days ( ) Evenings ( ) Nights ( ) Weekends  
( ) Split Shifts ( ) Rotating Shifts

Shift(s) preferred: \_\_\_\_\_

If they have been explained to you, are you able to meet the attendance requirements of the position? ( ) N/A ( ) Yes ( ) No

Will you work overtime if required? ( ) Yes ( ) No If no, please explain \_\_\_\_\_

Will you relocate if job requires it? ( ) Yes ( ) No Will you travel if job requires it? ( ) Yes ( ) No  
Have you ever been bonded? ( ) Yes ( ) No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ( ) \*Yes ( ) No If yes, please provide date(s) and details \_\_\_\_\_

*\*Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our company? ( ) Yes ( ) No If yes, please explain \_\_\_\_\_

Have you ever been terminated (fired) or asked to resign from employment? ( ) Yes ( ) No If yes, please explain \_\_\_\_\_

## Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent.

Employer	Telephone # ( ) ( )	Dates employed		Work Performed
		From	To	
Address				
Starting Job Title / Final Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor	Telephone # ( ) ( )	\$	Per	
Reason For Leaving		Hourly Rate/Salary		
		Final		
May We Contact For Reference? ( ) Yes ( ) No ( ) Later		\$	Per	
What did you like most about this job?			What did you like least about this job?	

Employer	Telephone # ( ) ( )	Dates employed		Work Performed
		From	To	
Address				
Starting Job Title / Final Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor	Telephone # ( ) ( )	\$	Per	
Reason For Leaving		Hourly Rate/Salary		
		Final		
May We Contact For Reference? ( ) Yes ( ) No ( ) Later		\$	Per	
What did you like most about this job?			What did you like least about this job?	

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Immediate Supervisor	Telephone # ( ) ( )	\$	Per	
Reason For Leaving		Hourly Rate/Salary		
		Final		
May We Contact For Reference? ( ) Yes ( ) No ( ) Later		\$	Per	
What did you like most about this job?			What did you like least about this job?	

Employer	Telephone # ( ) ( )	Dates employed		Work Performed
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		Starting		
Immediate Supervisor	Telephone # ( ) ( )	\$	Per	
Reason For Leaving		Hourly Rate/Salary		
		Final		
May We Contact For Reference? ( ) Yes ( ) No ( ) Later		\$	Per	
What did you like most about this job?			What did you like least about this job?	

**Comments:** Explain any gaps in employment \_\_\_\_\_  
 Do not include those due to personal illness, injury or disability

**References**

List three business/professional references not related to you and are *not* previous supervisors.

Name and Relationship	Telephone	No. of years known
	( )	
	( )	
	( )	

**Educational Background (if job related)**

List last three schools attended, starting with the most recent.

School and Location	Number of years completed	Did you graduate? If yes, list degree	GPA or Class Rank

**Skills and Qualifications**

List any special training or skills you have that may qualify you as being able to perform job-related functions in the position for which you are applying: \_\_\_\_\_  
 \_\_\_\_\_

Comment on any additional related experience(s) you have that may qualify you as being able to perform job-related functions in the position for which you are applying. (For Example: Clinical Experience, Volunteer Service, etc.) \_\_\_\_\_  
 \_\_\_\_\_

Do you speak, read or write in any language other than English? ( ) Yes ( ) No  
 If yes, please describe \_\_\_\_\_

**License, Registration and Certification Information (if applicable)**

License/Certification	# (If Applicable)	State Issued	Expiration Date / /
License/Certification	# (If Applicable)	State Issued	Expiration Date / /
License/Certification	# (If Applicable)	State Issued	Expiration Date / /
License/Certification	# (If Applicable)	State Issued	Expiration Date / /

Are there any current restrictions to your license, registration or certification? ( ) Yes ( ) No  
 If yes, please explain \_\_\_\_\_

Have you ever had any disciplinary action taken against your license, registration or certification?  
 ( ) Yes ( ) No If yes, please explain \_\_\_\_\_

Have you ever been named a defendant in a malpractice claim? ( ) Yes ( ) No  
 If yes, please explain \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? *This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*  
 ( ) Yes ( ) No ( ) Need more information about the job's "essential functions" to respond.

## Additional Information

### List professional, trade, business or civic associations and any offices held

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship status, age, mental or physical disabilities, veteran / reserve national guard or any other similarly protected status.

Organization	Offices Held

### List special accomplishments, publications, awards, etc...

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship status, age, mental or physical disabilities, veteran / reserve national guard or any other similarly protected status. \_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information found to be false, incomplete, omitted, misleading or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional) including, but not limited to, employers, public agencies, licensing authorities, educational institutions, etc. and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I agree to conform to the Company's rules, regulations, and guidelines, and I understand that these rules, regulations and guidelines do not form a contract of employment either expressed or implied. I further agree I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment and compensation at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Director or Board of Trustees. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws. I understand that this application remains current for **only 30 days**. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand, agree, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTICE AND ACKNOWLEDGMENT**

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

\_\_\_\_\_ may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, driving record, and/or mode of living, and which can involve personal interviews with sources such as your current and past employers, friends, or associates, as well as past employment information in compliance with regulations of the U. S. Department of Transportation (DOT), including 49 CFR Part 40 and 49 CFR Part 382, regarding DOT drug and alcohol testing results from past employers. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreHire Screening Services LLC, 1201 Sovereign Row, Oklahoma City, OK 73108, 1-(866) 405-4473. The scope of this notice and authorization is all-encompassing, however, allowing \_\_\_\_\_ to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreHire, or another outside organization acting on behalf of \_\_\_\_\_ and/or \_\_\_\_\_ itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting PreHire Screening Services LLC directly.

- Oklahoma applicants or employees only:** I request a copy of any credit report requested on me. (Check box)
- Minnesota applicants or employees only:** I request a copy of any consumer report requested on me. (Check box)

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Under Section 1786.16(a)(2)(B)(vi) of the CA Civil Code, you are notified that PreHire Screening Services LLC privacy practices can be found at [www.prehirescreening.com](http://www.prehirescreening.com).

Under Section 1785.20.5 of the CA Civil Code and Section 1024.5 of the CA Labor Code, you are notified that a credit report may be ordered if you are applying for a position involving access to confidential or proprietary information.

*Use of date of birth is for identification purposes only to conduct the background check. The Company is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.*

LEGAL NAME OF AUTHORIZING CONSUMER: \_\_\_\_\_

ANY OTHER NAMES I HAVE BEEN KNOWN BY (INCLUDING MAIDEN NAME): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE NUMBER AND STATE ISSUED: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESSES (LAST 7 YEARS): \_\_\_\_\_

SIGNATURE OF AUTHORIZING CONSUMER: \_\_\_\_\_ DATE: \_\_\_\_\_