

PRESTON EMERGENCY SERVICE

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	DATE
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary N/A	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Education					
HIGH SCHOOL					
From		Address			
College	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
From		Address			
Other	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
From		Address			
	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
References					
PLEASE LIST THREE PROFESSIONAL REFERENCES.					
<i>Full Name</i>					
Company			Relationship		
Address			Phone ()		
Full Name					
Company			Relationship		
Address			Phone ()		
Full Name					
Company			Relationship		
Address			Phone ()		

LICENSE INFORMATION

Driver License #	State Issued	
Expiration		
Have you taken a Certified Emergency Vehicle operator's course? YES <input type="checkbox"/> NO <input type="checkbox"/>		
My driving privileges in Minnesota (whether or not I have a Minnesota driver's license) are fully valid (NOT suspended, revoked, limited, or canceled). YES <input type="checkbox"/> NO <input type="checkbox"/>		
CPR Certificate YES <input type="checkbox"/> NO <input type="checkbox"/>	Renewal Date	
Are you certified as a CPR Instructor? YES <input type="checkbox"/> NO <input type="checkbox"/>		

EMERGENCY MEDICAL TECHNICIAN LICENSE/FIRST RESPONDER LICENSE

State Issued	License Number
Renewal Date	
Are you nationally certified? YES <input type="checkbox"/> NO <input type="checkbox"/>	
National License Number	Renewal Date

ON-CALL AVAILABILITY FOR VOLUNTEERS

Are you available during the day Monday through Friday?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will your employer allow you to respond?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you available during the weekends?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

*Hour requirement does not apply to EMT pool employees
Preston Emergency Service requires members to be on-call 60 hours per month of which 24 hours must be weekend hours. Weekend shifts are scheduled in 24 hours shifts. (Friday 6PM to Saturday 6PM or Saturday 6PM to Sunday 6PM)

Would you be able to meet this requirement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

PLEASE ATTACH PHOTO COPY OF ALL APPLICABLE LICENSES.

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
I certify that I have read and understand this application to its entirety and the answers and statements given by me are complete and true to the best of my knowledge. I understand that any false information, deletions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during employment. I authorize the company and/or its agents, including consumer report bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records.			
I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.			
I also understand, the use of illegal drugs is prohibited during employment. If the company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.			
Signature			Date