



# BERKELEY COUNTY EMERGENCY AMBULANCE AUTHORITY

400 West Stephen Street, Suite 207  
MARTINSBURG, WV 25401

(PLEASE PRINT)

## EMPLOYMENT APPLICATION

POSITION APPLIED FOR:	DATE OF APPLICATION:			
HOW DID YOU LEARN ABOUT US?				
ADVERTISING	EMPLOYMENT AGENCY	FRIEND		
RELATIVE	WALK-IN	OTHER _____		
LAST NAME		FIRST NAME		MIDDLE NAME
NO.	STREET	CITY	STATE	ZIP CODE
TELEPHONE NUMBER(S)			SOCIAL SECURITY NUMBER	
E-MAIL ADDRESS				

If you are under 18 years of age, can you provide required proof of your eligibility to work? Y/N

Have you ever filed an application with us before? Y/N  
If Yes, give date \_\_\_\_\_

Have you ever been employed by BCEAA before? Y/N  
If Yes, give date \_\_\_\_\_

Are you currently employed? Y/N

May we contact your present employer? Y/N

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Y/N  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available to start work? \_\_\_\_\_

Are you available to work:  Full Time     Part Time     Per-Diem

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

Have you ever been convicted of a felony? Y/N

If Yes, explain \_\_\_\_\_

## **Certifications and Licenses**

### **DRIVERS LICENSE:**

Issuing State: \_\_\_\_\_ DL#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have any special endorsements on your license? Y / N

If yes, please list them: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? Y / N

If yes, please explain and provide the date(s) of suspension or revocation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **EMS CERTIFICATIONS:**

NREMT Cert #: \_\_\_\_\_ Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Provider Cert State: \_\_\_\_\_ Cert #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How long have you been certified at your current level? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Please list all your other relevant EMS and public safety certifications or training:

1. \_\_\_\_\_ 7. \_\_\_\_\_

2. \_\_\_\_\_ 8. \_\_\_\_\_

3. \_\_\_\_\_ 9. \_\_\_\_\_

4. \_\_\_\_\_ 10. \_\_\_\_\_

5. \_\_\_\_\_ 11. \_\_\_\_\_

6. \_\_\_\_\_ 12. \_\_\_\_\_

\* You may include copies of all certifications in lieu of listing them individually.

**EMPLOYMENT HISTORY: Beginning with present employment. Please fill in all sections completely.**

NAME OF \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

LAST POSITION HELD \_\_\_\_\_

NAME OF SUPERVISOR/TELEPHONE NUMBER \_\_\_\_\_

DESCRIBE THE WORK YOU DID \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_

TO \_\_\_\_\_

STARTING SALARY \_\_\_\_\_

LAST SALARY \_\_\_\_\_

PART TIME

FULL TIME

NAME OF \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

LAST POSITION HELD \_\_\_\_\_

NAME OF SUPERVISOR/TELEPHONE NUMBER \_\_\_\_\_

DESCRIBE THE WORK YOU DID \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_

TO \_\_\_\_\_

STARTING SALARY \_\_\_\_\_

LAST SALARY \_\_\_\_\_

PART TIME

FULL TIME

NAME OF _____	EMPLOYED FROM _____
MAILING ADDRESS _____	TO _____
TYPE OF BUSINESS _____	STARTING SALARY _____
LAST POSITION HELD _____	LAST SALARY _____
NAME OF SUPERVISOR/TELEPHONE NUMBER _____	
DESCIRBE THE WORK YOU DID _____	
_____	
REASON FOR LEAVING _____	PART TIME
	FULL TIME

NAME OF _____	EMPLOYED FROM _____
MAILING ADDRESS _____	TO _____
TYPE OF BUSINESS _____	STARTING SALARY _____
LAST POSITION HELD _____	LAST SALARY _____
NAME OF SUPERVISOR/TELEPHONE NUMBER _____	
DESCIRBE THE WORK YOU DID _____	
_____	
REASON FOR LEAVING _____	PART TIME
	FULL TIME

**IF MORE SPACE IS NEEDED USE ADDITIONAL SHEETS**

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
<b>High School</b>				
<b>Undergraduate</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

<p><b>Describe any specialized training, apprenticeship, skills, and extra-curricular activities.</b></p> <hr/> <hr/> <hr/> <hr/> <hr/>
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<p><b>Indicate any foreign languages you can speak, read, and/or write.</b></p>			
	<b>FLUENT</b>	<b>GOOD</b>	<b>FAIR</b>
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

Instructions to applicant regarding form: Please sign for where requested and date it with the current date. Each employer you listed under Employment History will receive a reference and be asked to answer the remaining questions.

## REFERENCE SHEET

To Whom It May Concern:

The person named below has given your name as a past employer. Your response will be kept in strict confidence. Please return this form in the addressed envelope enclosed for your convenience.

Sincerely,

I hereby authorize the organization listed below to disclose any requested information regarding my employment with said organization to the Berkeley County Emergency Ambulance Authority Offices and agree to release the organization and its agent from all liability as a result of such a disclosure.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Company: \_\_\_\_\_

Location of Employment: \_\_\_\_\_

Reason for Terminations: \_\_\_\_\_

Eligible for Rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No

Job Title at Terminations: \_\_\_\_\_

Highest Job Title Held: \_\_\_\_\_

Final Average Monthly Earnings: \$ \_\_\_\_\_

Does this person have a history of work place violence?

\_\_\_\_\_  
Company Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**AMBULANCE AUTHORITY  
EMPLOYMENT APPLICATION**

**ADDITIONAL INFORMATION**

**Other Qualifications:**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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**SPECIALIZED SKILLS**

COMPUTER PROGRAMS: (PLEASE LIST)

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OTHER:

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State any additional information you feel may be helpful to us in considering your applications.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied?

YES  NO (please explain)

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## **REFERENCES:**

Please fill out completely and include at least two professional references.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Title: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Title: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Title: \_\_\_\_\_  
Relationship: \_\_\_\_\_

### **APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge.

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 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether 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 on 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 change is specifically acknowledged in writing by the BCEAA BOD..

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview     yes         no

Remarks \_\_\_\_\_  
\_\_\_\_\_

Employed     yes  no                      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_      Hourly rate/salary \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AFFIRMATIVE ACTION FORM

FILLING OUT THIS FORM IS VOLUNTARY ON THE PART OF THE APPLICANT. THE INFORMATION ON THIS FORM WILL HELP BERKELEY COUNTY TO ENSURE THAT THERE IS NO DISCRIMINATION IN HIRING PRACTICES BY THE COUNTY. THIS FORM HAS BEEN ADDED TO THE APPLICATION IN COMPLIANCE WITH BERKELEY COUNTY'S AFFIRMATIVE ACTION POLICY.

Please place an **X** in the spaces that apply to you.

Gender

\_\_\_\_\_ Male            \_\_\_\_\_ Female

Ethnic Background

\_\_\_\_\_ American Indian or Native Alaskan

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ Black (not of Hispanic origin)

\_\_\_\_\_ Hispanic

\_\_\_\_\_ White (not of Hispanic origin)