



**BERKELEY COUNTY EMERGENCY
AMBULANCE AUTHORITY
400 West Stephen Street, Suite 207
MARTINSBURG, WV 25401
EMPLOYMENT APPLICATION**

(PLEASE PRINT)

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 [] Temporary

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 _____

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

<p>NAME OF _____</p> <p>MAILING ADDRESS _____</p> <p>TYPE OF BUSINESS _____</p> <p>LAST POSITION HELD _____</p> <p>NAME OF SUPERVISOR/TELEPHONE NUMBER _____</p> <p>DESCIRBE THE WORK YOU DID _____</p> <p>_____</p> <p>_____</p> <p>REASON FOR LEAVING _____</p>	<p>EMPLOYED FROM _____</p> <p>TO _____</p> <p>STARTING SALARY _____</p> <p>LAST SALARY _____</p> <p>PART TIME</p> <p>FULL TIME</p>
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<p>NAME OF _____</p> <p>MAILING ADDRESS _____</p> <p>TYPE OF BUSINESS _____</p> <p>LAST POSITION HELD _____</p> <p>NAME OF SUPERVISOR/TELEPHONE NUMBER _____</p> <p>DESCIRBE THE WORK YOU DID _____</p> <p>_____</p> <p>_____</p> <p>REASON FOR LEAVING _____</p> <p style="text-align: center;">IF MORE SPACE IS NEEDED USE ADDITIONAL SHEETS</p>	<p>EMPLOYED FROM _____</p> <p>TO _____</p> <p>STARTING SALARY _____</p> <p>LAST SALARY _____</p> <p>PART TIME</p> <p>FULL TIME</p>
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Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate				
Graduate Professional				
Other (Specify)				

<p>Describe any specialized training, apprenticeship, skills, and extra-curricular activities.</p> <hr/> <hr/> <hr/> <hr/> <hr/>

<p>Indicate any foreign languages you can speak, read, and/or write.</p>			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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

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ADDITIONAL INFORMATION

Other Qualifications:

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

SPECIALIZED SKILLS

COMPUTER PROGRAMS: (PLEASE LIST)

OTHER:

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

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)

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 charge 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)