WISE COUNTY EMS

1101 W. Rose Ave.
Decatur, Texas 76234
(940)627-2002 Fax (940)627-7521

We appreciate your interest in Wise County EMS.

This packet is the application and personal history statement. This packet must be completed in its entirety and returned with all the requested documents listed on page 3.

We will only accept the application posted on our website www.ems.co.wise.tx.us.

If you are applying for a PART-TIME position, Wise County EMS part-time employees are required to work a minimum of 24 hours per calendar month, but not to exceed 30 hours in a calendar week. Shifts are available via text notification on a first response basis. Most of the full-time positions are filled from our part-time employee's dependent on department needs.

Wise County EMS would like to reiterate its goal to bring efficient and effective emergency medical services to Wise County, to increase the community's pride in the department and to promote professionalism and integrity within the department.

APPLICATION FOR EMPLOYMENT AND PERSONAL HISTORY STATEMENT

NAME:_____

POSITION(S) APPLIED FOR: ☐ PARAMEDIC ☐ EMT ☐ OTHER _____

WISE COUNTY EMS
1101 W. ROSE AVENUE
DECATUR, TX 76234

IMPORTANT

READ THESE INSTRUCTIONS CAREFULLY

These instructions are provided as a guide to assist you in properly completing your application and personal history statement for employment with Wise County EMS. **It is essential that the information be correct and complete.**

Your application and personal history statement for employment will be used as the basis for a background investigation that will determine your eligibility for the position for which you have applied.

1. Answer all questions completely. If a question does not apply to you, enter "N/A" (not applicable) in the space provided.
2. Avoid errors by reading the instructions carefully before making entries on the form. Be sure your information is correct and in sequence before you begin.
3. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification or find it in a directory. Your local library may have directory sources available. Include the area code for all phone numbers listed.
4. If there is insufficient space on the application and personal history statement for employment, attach extra sheets. Be sure to reference the relevant section and question before continuing your answers.

Your failure to properly and thoroughly complete this document will result in the rejection of your application. Deliberate omissions or a deliberate misstatement of required information is grounds for rejection.

In addition to the application and personal history statement for employment, you are required to submit the following:

☐ Copy of Driver's License
☐ Copy of Social Security Card
☐ TDSHS (TX Department of State Health Services) Certification
☐ National Registry Certification, if applicable.
☐ All Other Certifications: PEEP, ACLS, BTLS, PALS, CPR, etc.
☐ ICS 100; ICS 200; ICS 700; ICS 800
☐ An official high school transcript and a copy of your diploma or GED, if completed within the past five (5) years and applicable.
☐ An official college transcript and a copy of any certifications or diploma, if applicable.
☐ Copy of Military Form DD214 (Discharge), if applicable.

If you have any questions concerning this required documentation or the instructions, please call 940-627-2002.

PERSONAL IDENTIFICATION

Name_____
LAST FIRST MIDDLE

_____
Other names used (Maiden, Adoption, Nicknames, etc.)

Name by which you prefer to be addressed _____

Home Address _____
Number Street City State Zip

Mailing Address _____

Phones _____ _____
Cellular Home

Social Security Number_____-_____-_____ _____
E-mail address

Driver's License Number: _____
Number Class Issuing State Expiration

GENERAL INFORMATION

Have you ever filed an application here before? ☐ Yes ☐ No If yes, give date: _____

Have you ever been employed with Wise County previously? ☐ Yes ☐ No

If yes, give dates:_____

Do you have the legal right to work in the United States? ☐ Yes ☐ No (**Proof of citizenship or immigration status will be required upon employment.**)

On what date would you be available for work? _____

Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Shift Work ☐ Temporary

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last seven years? ☐ Yes ☐ No
(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: _____

Indicate languages you speak, read, and or write and classify your skill:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

EDUCATIONAL HISTORY

List all Colleges, Technological or Trade Schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

If you are listing colleges and universities and you did not graduate, indicate the number of credit hours you are credited with.

If you attended a technological or trade school, indicate your course of study and if you were awarded a diploma or certificate.

NAME AND TYPE OF SCHOOL (List City and State)	DATES ATTENDED FROM	TO	DEGREE, DIPLOMA, AND/OR CREDIT HOURS EARNED

List professional, trade or business activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status.)

Summarize special skills and qualifications acquired from employment.

_____

_____

_____

MILITARY SERVICE

Veteran of U.S. Military service? ☐ Yes ☐ No If yes, which branch? _____

DRIVING RECORD

How many moving violation citations have you received in the past 5 years? _____

How many traffic accidents have you been involved in the past 5 years as the driver? _____

Have you ever driven a motor vehicle without a valid driver's license for that vehicle? ☐ Yes ☐ No

Have you ever driven a motor vehicle within the past 3 years without valid insurance? ☐ Yes ☐ No

Have you ever had your driver's license suspended? ☐ Yes ☐ No

If YES: Date of Suspension_____/_____/_____ Date Suspension lifted:_____/_____/_____
MM DD YYYY MM DD YYYY

Type of suspension: _____

Have you ever:

Had your driver's license placed on probation for receiving an excessive number of moving violations? ☐ Yes ☐ No

Had a hearing for probation or suspension? ☐ Yes ☐ No

Been placed on assigned risk for insurance? ☐ Yes ☐ No

Had your insurance revoked due to the number of traffic citations you have received? ☐ Yes ☐ No

Knowingly driven a motor vehicle after your driver's license was suspended or after it had been revoked? ☐ Yes ☐ No

Do you have a valid driver's license issued in more than one state? ☐ Yes ☐ No

If YES, list state(s): _____

Have you ever been denied a driver's license for any reason? ☐ Yes ☐ No

EMPLOYMENT HISTORY

Beginning with your PRESENT or MOST RECENT job, list all jobs that you have held, including part-time, temporary, or seasonal positions. You may photocopy page 8 if you need additional pages. (Jobs are considered as any position you accepted pay, regardless of the length of the job.)

IF THIS IS YOUR PRESENT EMPLOYER, MAY WE CONTACT? ☐ Yes ☐ No

☐ Full-time ☐ Part-time ☐ Seasonal

Employer Name: _____

Employer Address: _____

Employer Phone: _____ _____
Area Code and Number Alternate Area Code and Number

Employment Dates: Starting: _____ Ending: _____
Month / Date / Year Month / Date / Year

Position(s) held with company: (List duties and responsibilities also)

Title: _____

Duties and Responsibilities:

_____

_____

_____

_____

Did you receive job performance evaluations while with this company? ☐ Yes ☐ No

Are you eligible for re-hire? ☐ Yes ☐ No

Name of Final Supervisor: _____

Reason for Leaving: _____

Was notice given? ☐ Yes ☐ No If YES, how much? _____

INVESTIGATOR NOTES

EMPLOYMENT HISTORY, continued.

IF THIS IS YOUR PRESENT EMPLOYER, MAY WE CONTACT? ☐ Yes ☐ No

☐ Full-time ☐ Part-time ☐ Seasonal

Employer Name: _____

Employer Address: _____

Employer Phone: _____ _____
Area Code and Number Alternate Area Code and Number

Employment Dates: Starting: _____ Ending: _____
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_____

_____

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_____

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INVESTIGATOR NOTES

EMPLOYMENT HISTORY, continued.

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EMPLOYMENT HISTORY, continued.

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_____

_____

_____

_____

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Are you eligible for re-hire? ☐ Yes ☐ No

Name of Final Supervisor: _____

Reason for Leaving: _____

Was notice given? ☐ Yes ☐ No If YES, how much? _____

INVESTIGATOR NOTES

BUSINESS REFERNCES

List three (3) persons who know you well enough to provide information about your work history.

1

Name	Occupation
Home Address	Years Known
Phone Number	
Describe your relationship with this person	

2

Name	Occupation
Home Address	Years Known
Phone Number	
Describe your relationship with this person	

3

Name	Occupation
Home Address	Years Known
Phone Number	
Describe your relationship with this person	

RESIDENCES

List all residences where you have lived during the past seven (7) years, beginning with your present address. List date by month and year. Attach additional pages, if necessary. Include apartment complex names and the office telephone numbers.

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex:_____Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex:_____Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex:_____Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex:_____Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex:_____Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex:_____Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex:_____Phone: _____

STATEMENT OF CERTIFICATION

I understand that no employment contract either expressed or implied is created should I be hired by Wise County. I understand that I will be required to pass a drug and/or alcohol test, as well as a physical prior to employment. I give my consent to Wise County to conduct a background investigation including reference checks, criminal searches and verification of credentials.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant Wise County permission to verify such answers. I understand that any false statement on this application and personal history statement may be considered sufficient cause for rejection of this application, or dismissal if such false statement of this application is discovered subsequent to my employment.

All applicants accepted for employment with Wise County must provide proof of identification and proof of eligibility to work in the United States within 3 days of employment.

All Wise County employees ***MUST*** have a checking account available for direct deposit of payroll proceeds. There are no exceptions to this policy.

I understand that if hired, Wise County or I may terminate my employment at any time for any reason with or without notice.

_____ _____

Signature Date

WISE COUNTY
AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

STATE OF TEXAS §

COUNTY OF WISE §

I hereby **CONSENT** for **WISE COUNTY** to run a Criminal Background check as to any arrest or conviction records that exist and/or review of my past driving record. I **FURTHER CONSENT** to **WISE COUNTY** to make the results of such criminal background check or past driving record available to my prospective supervisor/employer.

I hereby **RELEASE WISE COUNTY,** its officers and employees, from any and all claims which otherwise have due to the results being made so available without my consent. I hereby **COVENANT NOT TO FILE ANY ACTION** at law or in equity against **WISE COUNTY** and their respective elected officials or employees in connection with the results of such criminal background check and/or driving record being made available, including an action based on the negligence of any party, and I hereby agree to **INDEMNIFY** and **SAVE HARMLESS WISE COUNTY**, its elected officials and employees.

SIGNED THIS_____DAY OF_____, 20_____.

_____
SIGNATURE

_____
NAME PRINTED DATE OF BIRTH

_____
DRIVER'S LICENSE NUMBER AND STATE

_____
ADDRESS CITY STATE ZIP

_____
SOCIAL SECURITY NUMBER

APPLICANT DATA RECORD

Wise County EMS considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, the presence of non-job-related medical conditions or handicap, or any other legally protected status.

As employers, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government regulations, we request that you fill out the Applicant Data Record. We appreciate your cooperation.

Your cooperation is voluntary.

Date: _____

Position applied for: _____

Referral source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-in ☐ Employment Agency ☐ Other

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

VOLUNTARY SURVEY

Government agencies at times require periodic reports on sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only.
Submission of information is voluntary.

Check one:

☐ Male ☐ Female

Check one:

☐ White ☐ Black / African American ☐ Hispanic / Latino ☐ Multiracial

☐ American Indian / Alaska Native ☐ Asian ☐ Native Hawaiian / Pacific Islander ☐ Other