



**Robertson County Emergency Medical Services, Inc.**

**P.O. Box 625, Franklin, TX. 77856**

**(979)828-4911**

**Employment Application**

Position Applied For: EMT \_\_\_\_ Advanced EMT \_\_\_\_ Paramedic \_\_\_\_  
Fulltime \_\_\_\_ Part time \_\_\_\_ PRN \_\_\_\_  
24on /48off 12on /60off

**An Equal Opportunity Employer**

Robertson County Emergency Medical Services, Inc., is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

**Please print and fill out ALL sections**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name: \_\_\_\_\_  
(Last Name) (First Name) (MI) (Date of Birth)

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street / PO Box) (City) (State) (Zip Code)

Upon employment, can you show verification of your legal right to work in the United States? \_\_\_\_ YES \_\_\_\_ NO

- 1. Have you ever been charged or convicted of a felony? \_\_\_\_ YES \_\_\_\_ NO
- 2. Have you ever been convicted of any misdemeanor? \_\_\_\_ YES \_\_\_\_ NO

**If Questions 1 and 2 were answered YES, go to Page 4.**

How were you referred to us? \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, whether with/without reasonable accommodations? \_\_\_\_ YES \_\_\_\_ NO If NO, please describe the functions that cannot be performed: \_\_\_\_\_

(Note: Robertson County Emergency Medical Services, Inc., complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicant/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

**HIGH SCHOOL EDUCATION**

School Name	City, State	Course of Study	Highest Grade Completed

**COLLEGE EDUCATION**

University Name	City, State	Degree	Did you Graduate? Yes or No

**TRADE SCHOOL**

School Name	City, State	Course of Study	Did you Graduate? Yes or No

**MILITARY EXPERIENCE**

<b>Branch</b>	<b>Military Specialty</b>	<b>Rank</b>	<b>Honors</b>

**WORK EXPERIENCE (Begin with most recent position)**

If you are currently employed, may we contact your current employer? \_\_\_\_\_ YES    \_\_\_\_\_ NO

Employer: \_\_\_\_\_ Date Employed From: \_\_\_\_\_  
To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If you are currently employed, may we contact your current employer? \_\_\_\_\_ YES    \_\_\_\_\_ NO

Employer: \_\_\_\_\_ Date Employed From: \_\_\_\_\_  
To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If you are currently employed, may we contact your current employer? \_\_\_\_\_ YES    \_\_\_\_\_ NO

Employer: \_\_\_\_\_ Date Employed From: \_\_\_\_\_  
To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**WORK EXPERIENCE CONTINUED**

If you are currently employed, may we contact your current employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

Employer: \_\_\_\_\_ Date Employed From: \_\_\_\_\_

To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If you are currently employed, may we contact your current employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

Employer: \_\_\_\_\_ Date Employed From: \_\_\_\_\_

To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PROFESSIONAL REFERENCES** (Minimum of 2 references you have known for 1 year, 2 references for 5 years and 1 reference for 10 or more years.)

<u>NAME</u>	<u>OCCUPATION</u>	<u>PHONE NUMBER</u>	<u>YEARS KNOWN</u>

**PERSONAL REFERENCES** (Minimum of 3 references you have known for a minimum of 2 years)

<u>NAME</u>	<u>OCCUPATION</u>	<u>PHONE NUMBER</u>	<u>YEARS KNOWN</u>

**ADDITIONAL INFORMATION**

SALARY DESIRED: \$ \_\_\_\_\_

What days and hours are you available for work?

\_\_\_\_\_

If hired, on what date can you start working? \_\_\_\_/\_\_\_\_/\_\_\_\_

Can you work on the weekends? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you available to work overtime? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you willing to work a 24 on/48 off schedule? (For fulltime) \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A

**CRIMINAL HISTORY**

Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Conviction: \_\_\_ YES \_\_\_ NO  
Outcome: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
\_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Conviction: \_\_\_ YES \_\_\_ NO  
Outcome: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
\_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Conviction: \_\_\_ YES \_\_\_ NO  
Outcome: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
\_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Conviction: \_\_\_ YES \_\_\_ NO  
Outcome: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
\_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Conviction: \_\_\_ YES \_\_\_ NO  
Outcome: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
\_\_\_\_\_

Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency: \_\_\_\_\_ Conviction: \_\_\_ YES \_\_\_ NO  
Outcome: \_\_\_\_\_  
Explanation: \_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER WORK / COMMUNITY ORGANIZATIONS (If applicable)**

Organization Name	City, State	Type of Work/Membership/Awards

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May attach additional sheets if more space is needed.

**PLEASE READ QUESTIONS BELOW AND INITIAL BEFORE SIGNING**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including and misstatement) of material fact on this application or on any document used to secure possible employment can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from Robertson County EMS, Inc.

Initials: \_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time wither with or without prior notice, and by either me or the company.

Initials: \_\_\_\_\_

I permit, Robertson County EMS, Inc., to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Robertson County EMS, Inc., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Initials: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR STATE CERTIFICATION WITH THIS APPLICATION**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date