



Application for Employment

North Cypress EMS is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons.

Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. If selected for employment, all information listed on the application and/or resume is subject to verification.

Certain positions may require any or all of the following as a part of the application and selection process: written examinations, practical examinations, panel interviews, physical agility evaluation when appropriate to the position. Following a conditional offer of employment, a physical exam and drug/alcohol test may be required.

Applicant Last Name: _____

Applicant First Name: _____

Applicant Middle Name: _____

Address/City/St/Zip: _____

Phone #: _____

Email: _____

Type of employment desired: Full Time Part Time Either

Date you will be available to start work: _____

Are you able to meet the attendance requirements of a rotating shift? Yes No

Do you have any objection to working overtime if necessary?: Yes No

Do you have a valid Drivers' License: Yes No

Can you submit proof of legal employment authorization and identity? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain (a conviction will not automatically bar employment):

How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____

Position held: _____

Address: _____

Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

Employer: _____

Position held: _____

Address: _____

Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

Employer: _____

Position held: _____

Address: _____

Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

Employer: _____

Position held: _____

Address: _____

Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, licenses, certificates, and/or other qualifications

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

Name: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Years Known: _____ Day Phone: _____

Name: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Years Known: _____ Day Phone: _____

Name: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Years Known: _____ Day Phone: _____

Disclosure of Conditions and Background Research Release

Please read this section carefully. Your submission acknowledges your acceptance of the following conditions:

Consent To Conduct Background Investigation

As a condition of and in consideration for North Cypress EMS's consideration of this application, I give permission to North Cypress EMS to investigate my personal, criminal, and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with references and past employers. I further give permission to North Cypress EMS to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

Consent To Contact Past Employers

I give permission to North Cypress EMS to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with North Cypress EMS, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of North Cypress EMS. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to North Cypress EMS. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

Consent To Contact Government Agencies

I give permission to any agent, attorney or representative of North Cypress EMS to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate North Cypress EMS as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

Cooperation with Investigation

I agree to fully cooperate in North Cypress EMS's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

Consent for Drug and Alcohol Testing

I understand that any offer of employment made to me by North Cypress EMS may be conditional upon my successful completion of testing for illegal drug and alcohol presence. I consent to providing an unadulterated sample of my test substance to the designated North Cypress EMS testing provider for the purpose of testing for the presence of illegal or unauthorized substances in my system. I consent to allowing the results of all testing and screening to be communicated to the hiring officials of North Cypress EMS and will become a part of my record. In consideration of North Cypress EMS' review of my application, I hereby release any individual, entity, and North Cypress EMS from all claims or liabilities that might arise from the drug test or the disclosure of its results.

Consent for Testing and Evaluation

I agree to fully cooperate in North Cypress EMS's candidate evaluation program. This may include knowledge testing, performance scenarios, interview panels, and physical agility evaluation. I understand that failure to participate in all required evaluations may eliminate me from employment consideration.

Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of North Cypress EMS, and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either North Cypress EMS or myself, except as otherwise provided by law.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge. I understand that negative actions resulting from certain background information may entitle me a review of the data and a copy of the document, "A Summary of Your Rights Under the Fair Credit Reporting Act." I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time may result in immediate termination of employment.

Signature

Date: