



Date: _____

Canyon County Ambulance District (CCAD) considers applications for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by Federal, State and Local Laws.

****CCAD IS A DRUG-FREE WORKPLACE****

PLEASE PRINT

DATE OF APPLICATION: _____

PERSONAL INFORMATION

Name: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: _____ Alternate Telephone Number: _____

POSITION INFORMATION

Position applying for: _____

How did you learn of this position? _____

Have you ever worked/volunteered for CCAD? NO YES

If YES, when _____ and in which position(s): _____

Reason for leaving: _____

Do you have any relatives and/or friends working/volunteering for CCAD? YES NO

Please list: _____

Date Available to start, if hired: _____

Position Applying For: Full - Time Paramedic

Name: _____

EDUCATIONAL BACKGROUND

High School/GED

Name: _____ Location (City/State): _____
Years completed: _____ Did you graduate? YES NO (highest grade completed: _____)

College/University

Name: _____ Location (City/State): _____
Years completed: _____ Did you graduate? YES NO (highest grade completed: _____)
Degree: _____ Major: _____ Minor: _____

Name: _____ Location (City/State): _____
Years completed: _____ Did you graduate? YES NO (highest grade completed: _____)
Degree: _____ Major: _____ Minor: _____

Technical/Trade School

Name: _____ Location (City/State): _____
Years completed: _____ Did you graduate? YES NO (highest grade completed: _____)
Certificate: _____ Expires: _____ License: _____ Expires: _____

Other School/Training

Name: _____ Location (City/State): _____
Years completed: _____ Did you graduate? YES NO (highest grade completed: _____)
Certificate: _____ Expires: _____ License: _____ Expires: _____

Other: _____

EMS/Fire Service Related Training: _____

EMS/Fire/Professional Affiliations (other than listed under employment): _____

Licenses and Certifications

NREMT:	Paramedic <input type="radio"/>	Intermediate <input type="radio"/>	EMT-Basic <input type="radio"/>	Issued: _____ Expires: _____
Idaho:	Paramedic <input type="radio"/>	AEMT <input type="radio"/>	EMT <input type="radio"/>	Issued: _____ Expires: _____
ACLS:	Instructor <input type="radio"/>	Provider <input type="radio"/>		Issued: _____ Expires: _____
PALS:	Instructor <input type="radio"/>	Provider <input type="radio"/>		Issued: _____ Expires: _____
HCP-BLS:	Instructor <input type="radio"/>	Provider <input type="radio"/>		Issued: _____ Expires: _____
PHTLS:	Instructor <input type="radio"/>	Provider <input type="radio"/>		Issued: _____ Expires: _____
AMLS:	Instructor <input type="radio"/>	Provider <input type="radio"/>		Issued: _____ Expires: _____
NRP:	Instructor <input type="radio"/>	Provider <input type="radio"/>		Issued: _____ Expires: _____

Other Certifications not listed: _____

EMPLOYMENT HISTORY

(LIST YOUR LAST THREE EMPLOYERS OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT)

Employer: _____
Job Title: _____ Supervisor: _____
Start Date: _____ Salary: _____
End Date: _____ Salary: _____
Job Description (including duties and responsibilities): _____

Employer's Telephone Number: _____ May we contact? YES NO

Reason for leaving: _____

Employer: _____
Job Title: _____ Supervisor: _____
Start Date: _____ Salary: _____
End Date: _____ Salary: _____
Job Description (including duties and responsibilities): _____

Employer's Telephone Number: _____ May we contact? YES NO

Reason for leaving: _____

Employer: _____
Job Title: _____ Supervisor: _____
Start Date: _____ Salary: _____
End Date: _____ Salary: _____
Job Description (including duties and responsibilities): _____

Employer's Telephone Number: _____ May we contact? YES NO

Reason for leaving: _____

OTHER INFORMATION

Are you authorized to work in the United States? Yes No

If yes, indicate how you are authorized: _____

Do you have a valid Driver's License? No Yes Class: _____ State: _____ DL# _____

List all moving violations (convictions) and accidents in the last five years: _____

Have you ever been convicted of any offense against the law since your 18th birthday? **Note: A conviction does not automatically mean that you cannot be considered for employment; however, any misrepresentations, omissions, or falsifications will result in your application being rejected.** Yes No

If "yes" please provide further detail: _____

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? Yes No

If yes, explain: _____

Are you able to perform the essential functions of the job, with or without reasonable accommodations? Yes No

Are you able to work shifts including varying hours, nights, weekends and holidays? Yes No

REFERENCES

List **two** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: _____ Location (City/State): _____

Occupation: _____ Years known: _____

Telephone Number (including area code): _____

Name: _____ Location (City/State): _____

Occupation: _____ Years known: _____

Telephone Number (including area code): _____

List **two** personal references that have known you for at least three years outside work.

Name: _____ Location (City/State): _____

How they know you: _____ Years known: _____

Telephone Number (including area code): _____

Name: _____ Location (City/State): _____

How they know you: _____ Years known: _____

Telephone Number (including area code): _____

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate CCAD in any way. Applications will remain active for up to six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I, or CCAD is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examination as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug-screening tests as a condition of employment. To comply with the requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow my doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by CCAD as a condition of my employment, and I hereby give my consent to the release of all information which the company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in the immediate discharge from CCAD.

I hereby authorize CCAD to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including, but not limited to, criminal history check, driving history check, child abuse clearance check and other such inquiries. I release CCAD and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my employment with CCAD may be terminated.

Applicant's Signature: _____ Date: _____

Printed Name: _____

CANYON COUNTY PARAMEDICS

DRIVING RECORD RELEASE FORM

I hereby authorize Canyon County to review my driving record, and I authorize the Idaho State Department of Motor Vehicles and any other agency with driving information to release their records to Canyon County.

I understand this is a job-related requirement, as I may be operating County vehicles if employed. I

also understand, if employed, periodic checks may be made on my driving record.

NAME: _____

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

Signature

Date

IMPORTANT

The Internal Revenue Code requires an employer to include each employee's Social Security number when filing information returns, such as Form W-2. An employee who is ineligible for Social Security benefits, but who is required to give a Social Security number to employers, must get a Social Security number. The Social Security Office Administration cannot credit wages to a person's record unless the correct social security number and name are reported.

PENALTY FOR INCORRECT REPORTING

Internal Revenue Code, Section 6721, provides that an employer or employee may be charged a penalty for omitting a required Social Security number from an information return. The penalty charged for such an omission can be from \$50 up to \$250,000 (subject to certain exceptions that allow for the decrease or increase of the penalty).

A record of each employee's social security number, as shown on the person's social security card, must be maintained by Canyon County. **Employees must present their social security card on their first day of employment.** If you do not have a social security card, please contact a Social Security office and apply for a duplicate card prior to beginning employment with Canyon County.

When applying for a duplicate card with the Social Security Office you must present a drivers license or photo ID.

Social Security Offices - 1-800-772-1213

Canyon County
1118 S. Kimball
Caldwell

Ada County
1249 S. Vinnell Way - Suite 101
Boise

I have read this form and understand that if I am offered a position with Canyon County I must present a social security card on my first day of employment.

Signature

Date

Please return this form with your Canyon County Paramedic application

CANYON COUNTY VETERANS PREFERENCE APPLICATION FORM

Idaho law provides that veteran preference points be added to the competitive examination ratings of the following job applicants (when the applicant is required to take a competitive examination under a merit system or civil service plan of selecting employees):

<i>Applicants</i>	<i>Preference Points</i>
War Veteran	5
Qualified Widow(er) of a War Veteran	5
Eligible Disabled Veteran	10
Qualified Widow(er) of an eligible disabled Veteran	10
Qualified Spouse of an Eligible Disabled Veteran	10

Who is eligible?

To be eligible for veterans' preference points, you must have been discharged under honorable conditions and:

- * Served on active duty in the armed forces at any time, have established the existence of a service-connected disability of 10% or more, or be a Purple Heart recipient; OR
- * Served on active duty at any time from December 7, 1941 to July 1 1955; OR
- * Served on active duty for 180 consecutive days; any part of which occurred after January 31, 1955, and before October 15, 1976; OR
- * Served on active duty at any time from August 2, 1990 to January 2, 1992; OR
- * Served on active duty for a period of 180 consecutive days, any part of which occurred during the period beginning September 11, 2001, and ending when prescribed by Presidential proclamation or by law as the last day of Operation Iraqi Freedom; OR
- * Been awarded an Armed Forces Expeditionary Medal (AFEM), whether the campaign is listed here or not.* Some of the most common campaign medals are; Vietnam (Service Medal), El Salvador, Lebanon, Granada, Panama, Bosnia, Kosovo, Afghanistan, Southwest Asia (Persian Gulf), Somalia, Haiti, etc.

Additionally, if you are the spouse of a disabled veteran who is physically unable to qualify for any public employment because of a service-connected disability or if you are the widow(er) of a preference eligible veteran who remains unmarried, you are eligible to receive veterans' preference.

*For a complete list of wars, campaigns, and expeditions of the Armed Forces which qualify for veterans' preference, go to www.opm.gov/veterans/html/vgmedal2.asp.

Veteran's preference points shall only be added for the purpose of an initial appointment and not for the purpose of promotions. An initial appointment is defined as the first time a qualified person is hired by the County. A previous employee of the County is not entitled to the award of preference points upon a subsequent application for County employment. Preference points shall only be applied if a point system is being utilized by the County to rank candidates for the particular position being applied for.

Veterans Preference Request

Veteran Information
Name _____
Branch of Service: _____ Rank upon separation _____
Date entered military service: _____ Separation date: _____
Type of Discharge: _____
Disabled Veteran
Please state your percentage of disability: _____
Do you receive pension or compensation for non-service connected disabilities? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
Qualifying Husband/Wife, Widow/Widower
Your Name: _____
Is the Veteran stated above: <input type="checkbox"/> Disabled <input type="checkbox"/> Deceased
If Veteran is deceased, have you remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No

Required Documents

1. Please attach a copy of the DD-214 (discharge papers) form of the War Veteran or Eligible Disabled Veteran indicated above.
2. Please attach a copy of a current VA certification letter for the Eligible Disabled Veteran indicated above.
3. If you are applying as the spouse of an Eligible Disabled Veteran, please submit a letter or other documentation from a physician indicating that your spouse is unable to perform the work in the position for which you are applying.

_____ Applicant's signature

_____ Date