



Canyon County Paramedics

6116 Graye Lane, Caldwell, ID 83607

Office: 208-795-6920 Fax: 208-795-6921

www.ccparamedics.com

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****

If application is not electronically filled out, PLEASE PRINT NEATLY. Date: _____

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: _____

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

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



E-VERIFY IS A SERVICE OF DHS AND SSA

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IF YOU HAVE THE RIGHT TO WORK



DON'T LET ANYONE TAKE IT AWAY

If you have the skills, experience, and legal right to work, your citizenship or immigration status shouldn't get in the way. Neither should the place you were born or another aspect of your national origin. A part of U.S. immigration laws protects legally-authorized workers from discrimination based on their citizenship status and national origin. You can read this law at [8 U.S.C. § 1324b.](#)

The [Immigrant and Employee Rights Section \(IER\)](#) may be able to help if an employer treats you unfairly in violation of this law.

The law that IER enforces is 8 U.S.C. § 1324b. The regulations for this law are at 28 C.F.R. Part 44.

Call IER if an employer:

Does not hire you or fires you because of your national origin or citizenship status (this may violate a part of the law at 8 U.S.C. § 1324b(a)(1))

Treats you unfairly while checking your right to work in the U.S., including while completing the [Form I-9](#) or using [E-Verify](#) (this may violate the law at 8 U.S.C. § 1324b(a)(1) or (a)(6))

Retaliates against you because you are speaking up for your right to work as protected by this law (the law prohibits retaliation at 8 U.S.C. § 1324b(a)(5))

The law can be complicated. Call IER to get more information on protections from discrimination based on citizenship status and national origin.

Immigrant and Employee Rights Section (IER)

1-800-255-7688

TTY 1-800-237-2515

www.justice.gov/ier

IER@usdoj.gov



U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, January 2019

This guidance document is not intended to be a final agency action, has no legally binding effect, and has no force or effect of law. The document may be rescinded or modified at the Department's discretion, in accordance with applicable laws. The Department's guidance documents, including this guidance, do not establish legally enforceable responsibilities beyond what is required by the terms of the applicable statutes, regulations, or binding judicial precedent. For more information, see "Memorandum for All Components: Prohibition of Improper Guidance Documents," from Attorney General Jefferson B. Sessions III, November 16, 2017.



SI USTED TIENE DERECHO A TRABAJAR



NO DEJE QUE NADIE SE LO QUITTE

Si usted dispone de las capacidades, experiencia y derecho legal a trabajar, su estatus migratorio o de ciudadanía no debe representar un obstáculo, ni tampoco lo debe ser el lugar en que usted nació o ningún otro aspecto de su nacionalidad de origen. Existe una parte de las leyes migratorias de los EE. UU. que protegen a los trabajadores que cuentan con la debida autorización legal para trabajar de la discriminación por motivos de su estatus de ciudadanía o nacionalidad de origen. Puede consultar esta ley contenida en la [Sección 1324b del Título 8 del Código de los EE. UU.](#)

Es posible que la [Sección de Derechos de Inmigrantes y Empleados \(IER, por sus siglas en inglés\)](#) pueda ayudar si un empleador lo trata de una forma injusta, en contra de esta ley.

La ley que hace cumplir la IER es la Sección 1324b del Título 8 del Código de los EE. UU. Los reglamentos de dicha ley se encuentran en la Parte 44 del Título 28 del Código de Reglamentos Federales.

Este documento de orientación no tiene como propósito ser una decisión definitiva por parte de la agencia, no tiene ningún efecto jurídicamente vinculante y puede ser rescindido o modificado a la discreción del Departamento, conforme a las leyes aplicables. Los documentos de orientación del Departamento, entre ellos este documento de orientación, no establecen responsabilidades jurídicamente vinculantes más allá de lo que se requiere en los términos de las leyes aplicables, los reglamentos o los precedentes jurídicamente vinculantes. Para más información, véase «Memorándum para Todos Los Componentes: La Prohibición contra Documentos de Orientación Impropias», del Fiscal General Jefferson B. Sessions III, 16 de noviembre del 2017.

Llame a la IER si un empleador:

No lo contrata o lo despide a causa de su nacionalidad de origen o estatus de ciudadanía (esto podría representar una vulneración de parte de la ley contenida en la Sección 1324b(a)(1) del Título 8 del Código de los EE. UU.)

Lo trata de una manera injusta a la forma de comprobar su derecho a trabajar en los EE. UU., incluyendo al completar el [Formulario I-9](#) o utilizar [E-Verify](#) (esto podría representar una vulneración de la ley contenida en la Sección 1324b(a)(1) o (a)(6) del Título 8 del Código de los EE. UU.)

Toma represalias en su contra por haber defendido su derecho a trabajar al amparo de esta ley (la ley prohíbe las represalias, según se indica en la Sección 1324b(a)(5) del Título 8 del Código de los EE. UU.)

Esta ley puede ser complicada. Llame a la IER para más información sobre las protecciones existentes contra la discriminación por motivos del estatus de ciudadanía o la nacionalidad de origen.

Sección de Derechos de Inmigrantes y Empleados (IER)

1-800-255-7688

TTY 1-800-237-2515

www.justice.gov/crt-espanol/ier

IER@usdoj.gov



Departamento de Justicia de los EE. UU., División de Derechos Civiles, Sección de Derechos de Inmigrantes y Empleados, enero del 2019

