

EMS Employment Application

Today's Date:	1	1

Position applying for: (Circle One) EMT / Paramedic

Employment Status applying for: (Circle One) PRN / Full Time

APPLICANT INFORMATION					
Name:Last					
Last	F	irst	Middle		
Address:Street		City	State	Zip	
Phone: ()	E	Email:			
Social Security #:	-	-	Date of Birth:		
Driver License #:	State	ə:	Expiration Date:	/	
Texas EMS Certification #:	Level: _		Expiration Date:		
Are you a citizen of the U.S.?	□Yes □No	If no, are you a	uthorized to work in	n the U.S.?	□Yes □No
Have you ever been convicted of a felony?	□Yes □No	If yes, explain:			
Are you, or have you been, suspended or placed on probation by a certifying agency?	□Yes □No	If yes, explain:			
Have you ever worked/ volunteered for PVES?	□Yes □No	If yes, explain:			
Are you currently employed? □Yes	□No	Date Av	vailable for Hire:		
If yes, may we contact your current of	employer? 🗆	Yes □No			
Supervisor Name/ Phone/ Email:					

High School/ GED: □Yes □No To: Did you graduate? Diploma: College/ University: □Yes □No From: To: Did you graduate? Degree: Other: □Yes □No To: Did you graduate? Degree: From: **EMPLOYMENT HISTORY** Phone: Employer: Position: Supervisor: From: To: Reason for Leaving: Employer: Phone: Position: Supervisor: To: Reason for Leaving: From: Employer: Phone: Position: Supervisor: From: To: Reason for Leaving: MILITARY SERVICE □Yes □No Are you currently enlisted in the U.S. Military, either active or Reserve? □Yes □No If no, have you served in the U.S. Military? Branch: From: To: Rank at Discharge: Type of Discharge: If other than Honorable, explain:

EDUCATION

	EMERGENCY CONTACT
Name:	
Address:	
Phone:	Email:
Relationsl	nip:
	DISCLAIMER and SIGNATURE
application interview m this applica taken by th terminate a use of disa Disabilities employmen negative di and Contro	t my answers are true and complete to the best of my knowledge and understand that, if this leads to employment, I understand that false or misleading information in my application or may result in my release. I give PVES authorization to investigate any and all claims made in ation and hold any member of management, ownership or employee harmless of any action in the results of information obtained from this application. I also understand that PVES may any employment at any time with or without notice. This waiver does not permit the release or ability-related or medical information in this the matter prohibited by the Americans with Act (ADA) or other relevant federal or state law. I acknowledge that consideration for an is contingent on the results a reference check, criminal record check, background check, and screen result, my ability to establish employment eligibility under the Immigration Reform I Act of 1986 and upon verification of the information provided by me in application, by resume parts of the application process.
Signature:	Date:

New Employee Documents

Employee Name:
The following documents are required to be submitted to the EMS Chief, or designee, <i>prior</i> to scheduling of training hours:
☐ Completed Preston EMS Employment Application
☐ Completed W-4 (original)
☐ Completed I-9 (original)
☐ Completed Texas New Hire Form (original)
☐ Copy of Driver License
☐ Copy of Social Security Card
☐ Copy of State of Texas EMS Certification/ License
☐ Completed Direct Deposit Form
☐ Completed Worker's Compensation Employee Acknowledgement Form
te Submitted Confirmed