

**Jordan Valley Emergency
Medical Services Authority**

APPLICATION FOR EMPLOYMENT

To The Applicant: We appreciate your interest in the Jordan Valley Emergency Medical Services Authority and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____ Telephone No. _____
(Number) (Street) (City) (Zip)

Social Security No. _____ Are you 18 years or older? Yes No

Are you a U.S. citizen? Yes No (Not applicable in California)

If you are not a U.S. citizen, do you have the legal right to remain permanently in the United States? Yes No

Have you been previously employed here? Yes No If yes, date(s) _____

Supervisor Name(s) _____

Have you filed an application with JVEEMA before? Yes No If yes, date(s) _____

List any friends or relatives working here _____

What method of transportation will you use to come to work? _____

EMPLOYMENT DESIRED:

Position(s) applied for _____

Kind of work sought: Full-time Part-time Other _____

If part-time, please specify hours and days desired _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? _____

Do you have any physical, medical or mental impairment or disability which would interfere with your ability to do the job for which you have applied? Yes No If Yes, please explain _____

Salary desired _____ Date available to start work _____

EMPLOYMENT EXPERIENCE (List current or most recent job first)

1	Employer	DATES From To	
	Address		
	Job Title	HOURLY RATE/SALARY Starting Final	
	Supervisor		
	Reason for Leaving		
2	Employer	DATES From To	
	Address		
	Job Title	HOURLY RATE/SALARY Starting Final	
	Supervisor		
	Reason for Leaving		
3	Employer	DATES From To	
	Address		
	Job Title	HOURLY RATE/SALARY Starting Final	
	Supervisor		
	Reason for Leaving		
4	Employer	DATES From To	
	Address		
	Job Title	HOURLY RATE/SALARY Starting Final	
	Supervisor		
	Reason for Leaving		

EDUCATION

	Name/Location	Years Completed	Diploma Degree	Courses of Study
Elementary				
HighSchool				
College				
Graduate				
Vocational/ Training				

Any other educational training: _____

REFERENCES:

	Name	Address	Phone Number	Years Aquainted
1				
2				
3				

MILITARY SERVICE RECORD:

Have you had any experience in the Armed Forces of the United States or in a State National Guard: Yes No

If yes, what branch? _____ Rank at discharge _____ Date of discharge _____

Are you in the reserves: Yes No If yes, date obligation ends _____

Special / technical training _____

ADDITIONAL INFORMATION:

Have you been convicted of a crime: Yes No

If so, where, when and nature of offense _____

Do you have a valid driver's license? Yes No License No. _____ State _____

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status _____

State any additional information that you feel may be helpful to us in considering your application.

Name, address of the person to be notified in the event of accident or emergency _____

AUTHORIZATION AND UNDERSTANDING: Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. IF HIRED, I AGREE I WILL SERVE AT THE WILL OF THE JORDAN VALLEY EMERGENCY MEDICAL SERVICES AUTHORITY AND I AGREE THAT I SHALL BE BOUND BY THE RULES, POLICIES, REGULATIONS AND TERMS AND CONDITIONS OF EMPLOYMENT OF THE JORDAN VALLEY EMERGENCY MEDICAL SERVICES AUTHORITY AS THEY ARE FROM TIME-TO-TIME CHANGED WITH OR WITHOUT NOTICE TO ME. I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME FOR ANY REASON. I hereby authorize The Jordan Valley Emergency Medical Services Authority (JVEMSA) to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to JVEMSA during the course of my employment. I agree that these arrangements may only be altered in writing directed to me personally by JVEMSA. I further agree that if I should bring any action or claim arising out of my employment against the JVEMSA in which the JVEMSA prevails, I will pay to the JVEMSA any and all costs incurred by the JVEMSA in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.

Signature

Date