



Please complete all documentation to the best of your ability. Applications that are not complete may not be considered for employment. All fields marked with a **red star* are required to be completed to submit your application.**

Your printed application may be sent to:

**Adams County EMS
Attn. Captain Hook
150 Marble Furnace Road
Peebles, Ohio 45693**

**Your application may be emailed to admin@adamscountyemsoh.gov
Have the applications forwarded to Captain Hook if sent via email.**

**If you have any questions, please call Station 100 (937) 587-3598; option 1
or please call Captain Thomas W. Hook (740) 352-4965.**

**Adams County EMS is an Equal Opportunity Employer and reserves the
right to accept or reject any applications.**



EMPLOYMENT APPLICATION

*Date: _____

*Employment Type: () Volunteer () Part-Time/PRN-24 hours per month minimum () 24/48 Shift

*Last Name: _____ *First Name: _____ M.I. _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Email: _____

*Phone: _____ *Date of Birth: _____

*Available Start Date: _____

*Have you ever been employed with Adams County EMS or any county employer? () Yes () No

If yes, please give dates: _____

*Are you related to any current Adams County employee(s)? () Yes () No

If yes, give name(s): _____

*Are you prevented lawfully from becoming employed in this country because of visa or immigration status? () Yes () No

*Can you provide required proof of your eligibility to work? () Yes () No

*Have you been convicted of a felony? () Yes () No

If yes, please explain: _____

*Have you ever been discharged from a job? () Yes () No

*Are you a high school graduate, or have you received your GED? () Yes () No

If yes, please provide year & school: _____

*Initials: _____



*Do you currently have an Ohio EMS certification as an EMT, Advanced EMT, or Paramedic? () Yes () No

Level of Certification: _____ Certificate #: _____ Exp Date: _____

National Registry Cert #: _____ Exp Date: _____ CPR Exp Date: _____

*Basic Life Support (CPR) Certification - Exp Date: _____

Advance Cardiac Life Support (ACLS) - Exp Date: _____

Pediatric Advanced Life Support (PALS) - Exp Date: _____

Emergency Vehicle Operations Certification (no specific course required) – Date: _____

*NIMS 100 – Date: _____

NIMS 800 – Date: _____

*NIMS 700 – Date: _____

NIMS 300 – Date: _____

NIMS 200 – Date: _____

NIMS 400 – Date: _____

*Driver's License #: _____ *Exp Date: _____

*Do you have any restrictions on your driver's license? () Yes () No

*Has your driver's license ever been revoked/suspended? () Yes () No

*Have you been involved in a traffic accident in the past two (2) years? () Yes () No

*Has your EMS Certification ever been revoked/suspended? () Yes () No

If you answer yes to any of the previous questions listed above, please explain here:

*List three professional references (please do not list family members):

1. Name: _____ Phone: _____

Address: _____

Occupation: _____ # of Years Known: _____

2. Name: _____ Phone: _____

Address: _____

Occupation: _____ # of Years Known: _____

3. Name: _____ Phone: _____

Address: _____

Occupation: _____ # of Years Known: _____

*Initials: _____



Emergency Contacts

1. Name: _____ Relationship: _____
Address: _____
Phone: _____ Alt Phone: _____
2. Name: _____ Relationship: _____
Address: _____
Phone: _____ Alt Phone: _____

*Employment Experience – Please begin with your present or last previous employer:

1. Employer: _____ Position: _____
Address: _____
Supervisor: _____ Dates Employed – From: _____ To: _____
Describe work performed: _____

2. Employer: _____ Position: _____
Address: _____
Supervisor: _____ Dates Employed – From: _____ To: _____
Describe work performed: _____

3. Employer: _____ Position: _____
Address: _____
Supervisor: _____ Dates Employed – From: _____ To: _____
Describe work performed: _____

4. Employer: _____ Position: _____
Address: _____
Supervisor: _____ Dates Employed – From: _____ To: _____
Describe work performed: _____

If there are any employers listed above in which you do not wish us to contact, briefly explain why:

If there are any other qualifications or skills you wish to list, please list those below:

*Initials: _____



EMPLOYMENT APPLICATION

Physical Statement

All applicants/personnel applying for a position with Adams County EMS are required to have a physical exam conducted by the practitioner designated by Adams County. All applicants must comply with this requirement, which demonstrates their capabilities to perform required job duties. If the applicant/personnel cannot display the capabilities required, they will not be eligible for employment. This must be completed to be eligible for the application process. All applicants/personnel must be physically able to perform the duties of the job for which you are applying. Those duties include, but are not limited to: lifting, twisting, bending, squatting, etc.

*Have you had a TB test within the last year? If yes, you may be required to provide documentation, if hired.
() Yes () No

*Have you had a complete series of HepB vaccinations? If yes, you may be required to provide documentation, if hired.
() Yes () No

*Signature: _____ *Date: _____

*Printed Name: _____

*Initials: _____



EMPLOYMENT APPLICATION

Applicant Statements:

1. I certify that facts contained in this application are true and complete to the best of my knowledge. I hereby authorize you to investigate all statements, written and oral, made by me during the employment application process. I release all parties from any liability in connection with the provision and use of such information.
2. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form, or in my responses to questions asked during the interview or examination process may disqualify me from further consideration for employment, or if employed, will subject me to immediate termination whenever the falsification, misrepresentation, or omission is discovered. In this regard, if an item is left blank on the employment application, it is because there is no information within its scope.
3. I understand and agree that, if employed by this organization, I will abide by its rules and regulations, which I understand are subject to change.
4. I understand that a physical examination and a chemical test for the present of illegal and controlled substances may be required before the commencement of and/or during my employment. I release Adams County EMS, their authorized agents, and their employees, and all other persons, companies and other entities from all liability arising out of any physical examination or chemical testing or for the taking of any action based on the results of any physical examination, or chemical testing.

I understand that as a condition of my employment, I will be required to undergo a background investigation, driver's license check, drug testing, and a physical examination. My signature authorizes such to be conducted. I also understand and will comply with the physical and applicant statements, and affirm all information provided to be true.

*Signature: _____ *Date: _____

*Printed Name: _____

Note: Application is not complete without these attachments and will NOT be processed.

*Initials: _____