

EMPLOYMENT HISTORY

LIST BELOW PAST AND PRESENT EMPLOYMENT BEGINNING WITH YOUR MOST RECENT. INCLUDE EMPLOYMENT WITH OTSEGO COUNTY EMS & U.S. MILITARY SERVICE.

1

COMPANY		WORK ADDRESS (STREET, CITY, STATE & ZIP)			
FROM (MO/YR)	TO (MO/YR)	YOUR JOB TITLE		HOURS PER WEEK	
SUPERVISOR'S NAME		SUPERVISOR'S TITLE			
BUSINESS PHONE ()	STARTING WAGES \$	PER	FINAL WAGES \$	PER	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

2

COMPANY		WORK ADDRESS (STREET, CITY, STATE & ZIP)			
FROM (MO/YR)	TO (MO/YR)	YOUR JOB TITLE		HOURS PER WEEK	
SUPERVISOR'S NAME		SUPERVISOR'S TITLE			
BUSINESS PHONE ()	STARTING WAGES \$	PER	FINAL WAGES \$	PER	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

3

COMPANY		WORK ADDRESS (STREET, CITY, STATE & ZIP)			
FROM (MO/YR)	TO (MO/YR)	YOUR JOB TITLE		HOURS PER WEEK	
SUPERVISOR'S NAME		SUPERVISOR'S TITLE			
BUSINESS PHONE ()	STARTING WAGES \$	PER	FINAL WAGES \$	PER	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PLEASE LIST ANY SKILLS, ABILITIES, INTERESTS, HOBBIES, TRAINING, ETC. WHICH YOU FEEL MAY BE AN ASSET. (EXAMPLE: BUSINESS MACHINES, VOLUNTEER WORK, LANGUAGES, DATA PROCESSING, CLERICAL, ETC.)

SPECIAL CERTIFICATIONS AND AWARDS

I acknowledge that the facts set forth on this application are true and complete. I understand that if employed any false statement or omission on this application or any attachment shall be sufficient cause for dismissal. I understand that many of OTSEGO COUNTY EMS facilities and units operate seven (7) days per week and that, if I employed by OTSEGO COUNTY EMS, may be scheduled to work on any day of that week.

I understand that before I begin work, OTSEGO COUNTY EMS may require me to undergo a physical examination and/or a drug and alcohol test. I agree to take such an examination and/or test. I also understand that if I am hired, OTSEGO COUNTY EMS may require me to undergo a drug and/or alcohol test at any time during my employment. I agree to take such test.

I authorize OTSEGO COUNTY EMS to use its personnel or any investigative agency to investigate my personal history, education, criminal conviction record and financial record. I also authorize all my employers and former employers, references, credit reporting agencies/bureaus, medical facilities, educational institutions and any other person(s) contacted by OTSEGO COUNTY EMS representatives to provide OTSEGO COUNTY EMS with all records and information relevant to my employment application with OTSEGO COUNTY EMS; and I release all parties who provide such records or information from all liabilities arising from such disclosures.

I understand that under the Bullard-Plawewski Employee Right to Know Act I may have a right to have notice when my employers and former employers release information about me to OTSEGO COUNTY EMS; and I waive all such notice.

If hired, I understand that I will not have a contract of employment with OTSEGO COUNTY EMS. I may end my employment with OTSEGO COUNTY EMS at any time and for any reason, and OTSEGO COUNTY EMS retains the same right.

I authorize OTSEGO COUNTY EMS to photocopy this document and agree that such photocopies with my signature shall have the same legal force and effect as the original document with my signature.

Date _____

Signature _____

OTSEGO COUNTY ems
Division of OCAC Inc.

ADMINISTRATIVE OFFICES:
100 McLOUTH ROAD - PO BOX 642
GAYLORD, MICHIGAN 49734
COMMUNICATIONS CENTER: (517) 732-7625
BUSINESS OFFICE: (517) 732-9085

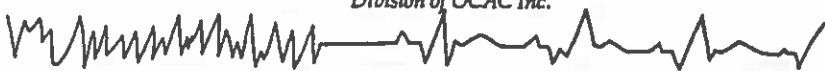
We are an Equal Opportunity Employer

EMPLOYMENT APPLICATION

GENERAL INFORMATION

OTSEGO COUNTY **ems**

Division of OCAC Inc.



NAME (Last, First, Middle Initial) _____ SOCIAL SECURITY NUMBER _____

PHONE _____ ALTERNATE PHONE NUMBER _____ DRIVER'S LICENSE NO. (STATE ISSUED) _____ TODAY'S DATE _____

PRESENT ADDRESS _____ NO. & STREET _____ CITY _____ STATE/ZIP _____

PREVIOUS ADDRESS _____ NO. & STREET _____ CITY _____ STATE/ZIP _____

TYPE OF WORK PREFERRED:
 1. _____ 2. _____ 3. _____

DO YOU NEED FULL TIME EMPLOYMENT? YES NO WILL YOU CONSIDER PART TIME? YES NO

HOURS NEEDED _____ RATE OF PAY EXPECTED: \$ _____ YEAR HOUR PER WEEK

WERE YOU PREVIOUSLY EMPLOYED BY OTSEGO COUNTY EMS? YES NO DATES: _____

HAVE YOU EVER APPLIED AT O.C. EMS? YES NO DATES: _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

ARE YOU 18 YEARS OLD OR OLDER? YES NO

WHAT OTHER EMPLOYMENT OR 'SIDE LINE' BUSINESS DO YOU HAVE? _____

WOULD YOU WANT TO CONTINUE THIS IF EMPLOYED BY US? YES NO

ARE YOU FULLY CAPABLE OF PERFORMING ALL THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? YES NO

HAVE YOU EVER APPLIED FOR UNEMPLOYMENT COMPENSATION? YES NO IF YES, LIST DATES: _____

HAVE YOU EVER BEEN DENIED BONDING? YES NO IF YES, WHERE? _____

IS THERE ANYTHING THAT WOULD PREVENT YOU FROM WORKING ANY DAY OF THE WEEK OR ON ANY WORK SHIFT?
 YES NO IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, LIST DATES & DETAILS: _____

WHO REFERRED YOU TO OTSEGO COUNTY EMS? ASSOCIATE FRIEND SCHOOL AGENCY AD OTHER

EXPLAIN: _____

EDUCATION	NAMES & LOCATION	DATES ATTENDED		COURSE OF STUDY	YEARS COMPLETED	GRADUATE?		LIST DIPLOMA OR DEGREE
		FROM	TO			YES	NO	
HIGH SCHOOL								
COLLEGE								
EMS SCHOOL OR OTHER								

PLEASE INCLUDE WITH APPLICATION COPIES OF LICENSE & CERTIFICATIONS i.e.: DRIVER'S LICENSE, DRIVING RECORD (SEC. OF STATE), M.D.P.H. LICENSE(S), ACLS, APPLICABLE TO POSITION YOU'RE APPLYING FOR.

LIST ANY FRIENDS OR RELATIVES WORKING FOR US:

NAME _____ RELATIONSHIP _____ WORK LOCATION _____ POSITION _____

NAME _____ RELATIONSHIP _____ WORK LOCATION _____ POSITION _____

BELOW FOR OFFICE USE ONLY PLEASE. If recommendation is to hire applicant, please complete the following offer of employment.

OTSEGO COUNTY EMS hereby offers the applicant described herein a probationary position as a _____
 in the _____ department, position code _____ on a (full-time/part-time)
 (salaried/hourly) (permanent/temporary) basis, at a (regular/training) rate of \$ _____ per hour. Desired starting date _____ Date _____

Signature of Operations Director (or designate) _____

FOR USE BY PERSONNEL DEPARTMENT:

Driving Record _____	Written Test _____	Orientation _____
Assoc. No. _____	Birth Date _____	Skills _____
W-4 _____	Interview Date(s) _____	Agility _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	References _____	Oral _____
<input type="checkbox"/> Single <input type="checkbox"/> Married	no. _____ Initial date sent _____	Fail Safe _____
Immigration Form _____	M.D.P.H. License _____	Physical _____
	Photocopy _____	Uniforms _____
		Condition of Emp. _____

— We are an Equal Opportunity Employer —

NAME (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY NUMBER