

Beaufort Emergency Medical Services, Inc.  
Application for Employment

**I. Personal Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: (Mailing) \_\_\_\_\_  
(Street) \_\_\_\_\_  
\_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Class: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Marital Status: Married: \_\_\_\_\_ Single: \_\_\_\_\_

Number of Dependants: \_\_\_\_\_

Person to be notified in case of emergency

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**II. Certifications**

Current Level of Certification: \_\_\_\_\_

Additional Certifications: \_\_\_\_\_

Experience in the above field: (Paid) \_\_\_\_\_

(Volunteer) \_\_\_\_\_

**III. References**

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

3) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

May we contact your references? Yes \_\_\_ No \_\_\_

**IV. Work Data**

- 1) Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Length of time worked: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
May we contact your supervisor for job reference? Yes \_\_\_ No \_\_\_
  
- 2) Past Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Length of time worked: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
May we contact your supervisor for job reference? Yes \_\_\_ No \_\_\_  
Reason for leaving: \_\_\_\_\_
  
- 3) Past service to Fire/EMS service: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Length of time worked: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
May we contact your supervisor for job reference? Yes \_\_\_ No \_\_\_  
Reason for leaving: \_\_\_\_\_

**V. Schools Attended**

- 1) College: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Year Graduated: \_\_\_\_\_  
Degree(s) earned: \_\_\_\_\_
- 2) High School: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Year Graduated: \_\_\_\_\_
- 3) Please list all other schools attended along with years of completion:  
A) \_\_\_\_\_  
B) \_\_\_\_\_  
C) \_\_\_\_\_  
D) \_\_\_\_\_

**VI.**

Please list all current certifications or additional “special” training not previously listed.

- A) \_\_\_\_\_
- B) \_\_\_\_\_
- C) \_\_\_\_\_
- D) \_\_\_\_\_

**VII.**

Do you have any health problems that may interfere with the performance of duties as a volunteer of Beaufort E.M.S., Inc.? Yes \_\_\_ No \_\_\_

If yes, Please explain: \_\_\_\_\_

Have you at any time been arrested? Yes \_\_\_ No \_\_\_

If yes, Please explain: \_\_\_\_\_

Have you at any time been convicted of a felony? Yes \_\_\_ No \_\_\_

If yes, Please explain: \_\_\_\_\_

Have you at any time been convicted of, treated for or do you now have a drug or alcohol related problem? Yes \_\_\_ No \_\_\_

If yes, Please explain: \_\_\_\_\_

Are you willing to take a drug and alcohol screening test? Yes \_\_\_ No \_\_\_

**VIII. Remarks**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IX.** For this application to be considered complete, the following information must be provided when application is submitted:

1. Photocopy of N.C. Drivers License
2. Photocopy of Social Security Card
3. Photocopy of original N.C. EMS Certification (Original must be available for verification)
4. Copy of college transcript showing all EMS related training during the past two years. If transcript is not available, training records from past provider, signed by training officer.
5. Copy of driving record of last 3 years
6. Copy of criminal history

I do hereby attest that all information is correct to the best of my knowledge and except where may be noted above do hereby authorize Beaufort Emergency Medical Services, Inc. to verify and check any information stated above.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_