



LENOIR COUNTY EMERGENCY SERVICES

FOR OFFICE USE ONLY!
DATE RECEIVED: _____
RECEIVED BY: _____

EMERGENCY MEDICAL SERVICES and COMMUNICATIONS
DIVISIONS
APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR _____
FULL TIME PART TIME

Applicant Name: _____
(First) (Middle) (Last)

Current Residence: _____

Phone: _ () _____ Social Security No.: _____

Residence for past ten (10) years. Give complete address and date of each residence.

Complete date of birth (attach copy of birth certificate) _____

Driver's License Number: _____ State: _____

Spouse's Complete Name: _____ Wife Husband
Address: _____

Are you a citizen of the U.S.? _____

If naturalized, date and place of naturalization: _____

MILITARY RECORD:

Organization _____ Serial No. _____
Date & Place of Entry _____
Date & Place of Discharge _____
Active Service Inactive Service

EDUCATION: (List name, location and dates of attendance)

Elementary	High School	College
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you graduate? _____ Highest grade completed: _____

Courses pursued: _____

List any Credits/Degrees received: _____

List names of clubs, societies, and other similar organizations you are a member of:

PERSONAL INFORMATION:

Specify any arrest(s) (include all traffic arrest and/or citations)

Location of arrest(s) City and/or County

Judgement of court on each case

Have you ever been a defendant in any civil or domestic court action? _____

If yes, specify: _____

Name any friends or acquaintances employed by Lenoir County:

List names of relatives that are employed by the City/County:

Name _____ Dept. _____ Relation _____
Name _____ Dept. _____ Relation _____

Do you know of anything that would disqualify you for employment with Lenoir County Emergency Medical Services or prevent your full discharge of the official duties of such a position? _____

Do you drink intoxicating liquors? Yes No

If yes, to what extent? _____

Have your employers usually treated you fair? Yes No

If no, specify: _____

What are your hobbies/interests? _____

You may indicate in the space below and/or on additional blank sheets, if necessary, such experience and training you have had or specialized abilities, which, in your opinion, will qualify you for the position for which this application is filed. Describe fully positions you have held which required executive ability, the exercise of authority, and ability to lead others:

WORK EXPERIENCE:

(Please give particulars and account for time lapses in employment. Begin with current or last employment)

Name and Address of Employer: _____

From _____ To _____ Position & kind of work: _____
Annual Salary \$ _____
Reason for leaving _____

Name and Address of Employer: _____

From _____ To _____ Position & kind of work: _____
Annual Salary \$ _____
Reason for leaving _____

Name and Address of Employer: _____

From _____ To _____ Position & kind of work: _____
Annual Salary \$ _____
Reason for leaving _____

Name and Address of Employer: _____

From _____ To _____ Position & kind of work: _____
Annual Salary \$ _____
Reason for leaving _____

If you are presently employed, may we contact your current employer about your work?

PERSONAL REFERENCES:

Give four (4) personal references, preferably thirty years old or older, who are householders, property owners, business leaders, or people of professional standing in the community, and who have known you during the past five (5) years. **PLEASE PRINT.**

Name: _____	Address: _____
No. of years acquainted: _____	Business Address: _____
Type of Business: _____	Phone Number: _() _____
Name: _____	Address: _____
No. of years acquainted: _____	Business Address: _____
Type of Business: _____	Phone Number: _() _____
Name: _____	Address: _____
No. of years acquainted: _____	Business Address: _____
Type of Business: _____	Phone Number: _() _____
Name: _____	Address: _____
No. of years acquainted: _____	Business Address: _____
Type of Business: _____	Phone Number: _() _____

I hereby certify that there are no intentional misrepresentations in or falsifications of the above statement and answers to questions.

Applicant's Signature

Date

STATEMENT:

Any intentional misrepresentations or falsifications contained in this application will automatically disqualify the applicant for further consideration. If such misrepresentations or falsifications is discovered after employment, it shall be grounds for immediate dismissal.

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN

I hereby authorize any member of Lenoir County Emergency Services, within one (1) year of this date, to obtain any information in your files pertaining to my employment, military, medical or educational records including, but not limited to, academic achievements, attendance, athletic, personal history, disciplinary records, and medical records. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of Lenoir County Emergency Services. Consent is granted for Lenoir County Emergency Services to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, hospital, or other repository of medical records including its officers, employees, or related personnel, both individually and collectively, from all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of the release, you may contact me as indicated below.

FULL NAME: _____
(Signature)

FULL NAME: _____
(Type or Printed)

DATE: _____ TELEPHONE: _____

CURRENT ADDRESS:

WITNESS

Subscribe and sworn to before me this _____ day of _____, 201__

My commission expires: _____

(Notary Public)

(Address)

ACCEPTANCE OF PRE-EMPLOYMENT SCREENING

I understand that as a result of pre-employment screening, I will be asked to have a complete physical. This physical will consist of standard pre-employment screening and will also include a drug test. I further understand that Lenoir County Emergency Services will also, as a pre-employment screen, conduct a full and detailed background investigation including, but not limited to, a driver’s history, criminal history and administrative office of the courts check.

I also understand that as a result of being hired for any position, permanent or part time, with Lenoir County Emergency Services, that there will be random drug testing. I also understand that if the results of these random drug tests are returned with a positive result, that these are grounds for dismissal from employment with Lenoir County.

I understand the above pre-employment screening and the conditions for random drug testing and have been given consideration to ask any questions that I may have to clarify any questions or concerns. I further give authorization to obtain these pre-employment screening tests for the purpose of obtaining a position with the Lenoir County Emergency Services Department.

FULL NAME: _____
(Signature)

FULL NAME: _____
(Typed or Printed)

DATE: _____ CONTACT No: _____

CURRENT ADDRESS:

