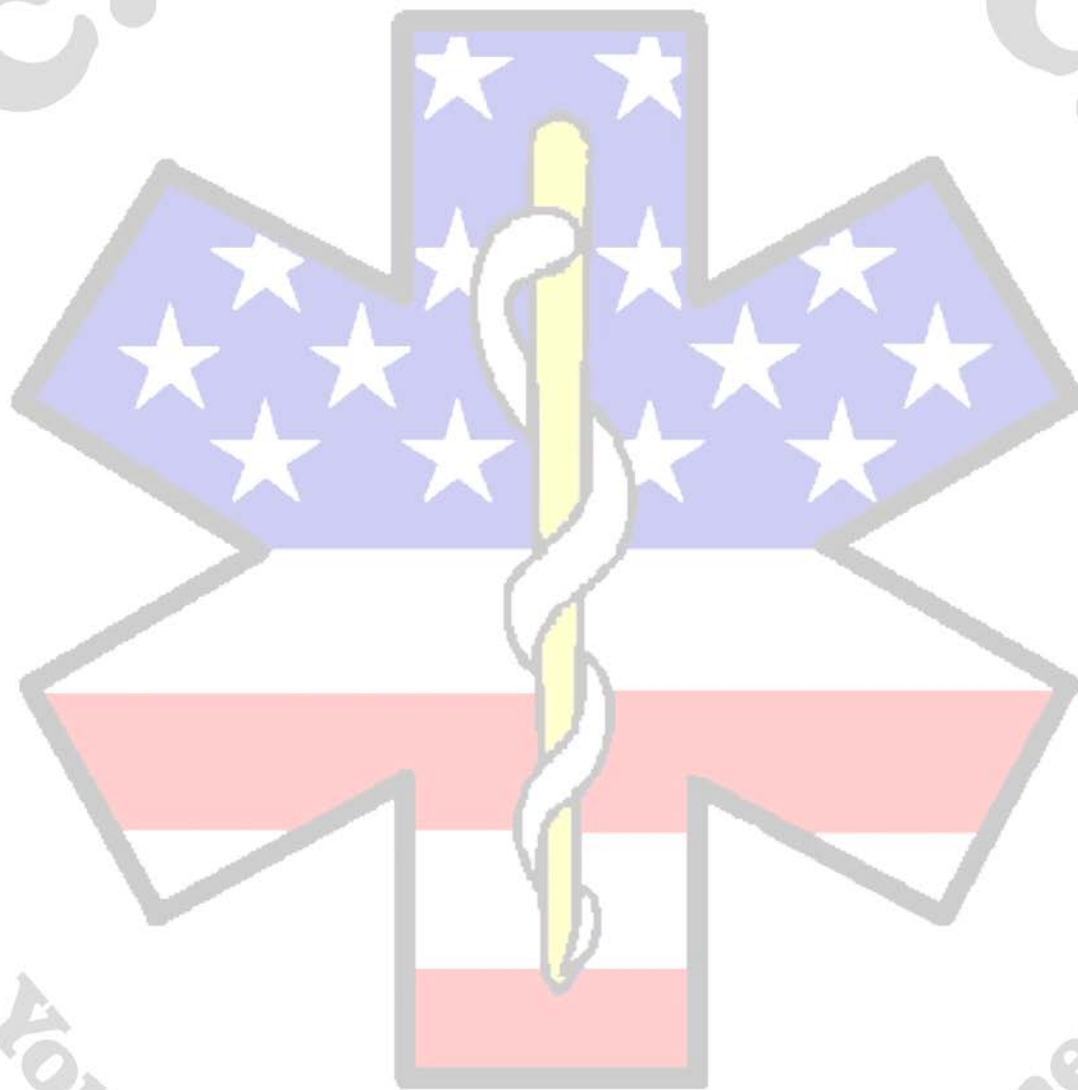


C. L. E. M. C.



Your Community Partner

Member Application Packet

The Clear Lake Emergency Medical Corps is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, handicap, or veteran status.

Personal

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ E-Mail: _____

Position Desired (Please Circle): Paramedic Intermediate Basic Other

Position Status (Please Circle): Volunteer Paid Full Time Part Time

Can you perform the essential functions of the position for which you are applying? Yes No

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the CLEMC human resource officer before you answer this question.)

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? Yes NO (Proof of identity will be required upon employment.)

Are you over the age of 18 years? Yes NO (You may be required to provide authorization to work.)

Have you ever worked for Clear Lake Emergency Medical Corps before? Yes No

If yes, when? _____ Job Title: _____

Do you have any relatives or friends who work for Clear Lake Emergency Medical Corps? Yes No

If yes, who? _____

Have you ever done any volunteer work? Yes No

If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities) _____

Your Community Partner

Employment

(List last employer first, including U.S. military service.)

Name of Employer	Employer Phone #
Employer Address (Include street, city, state, & zip code)	Supervisor Name & Title
Dates of Employment	Job Title

Name of Employer	Employer Phone #
Employer Address (Include street, city, state, & zip code)	Supervisor Name & Title
Dates of Employment	Job Title

Name of Employer	Employer Phone #
Employer Address (Include street, city, state, & zip code)	Supervisor Name & Title
Dates of Employment	Job Title

Education

Education	Name and Location of School	Number of Years Attended	Type of Degree Received	Major
High School				
College or University				
Trade School				

Certification Information

Certification	Number	State Issued	Issue Date	Expiration Date
EMT-B				
EMT-I				
EMT-P				
CPR				
ACLS				
BTLS				
PALS				
SLAM				
EMS Instructor				

Your Community Partner

References

(Do not use relatives)

Professional

Personal

Name:

Name:

Address:

Address:

Phone:

Phone:

Name:

Name:

Address:

Address:

Phone:

Phone:

Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Clear Lake Emergency Medical Corps to verify their accuracy and to obtain reference information on my work performance. I authorize and request any present or former employer or other persons or agencies having knowledge of me to furnish bearer with any and all information in their possession regarding me, in order that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience, or qualifications. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby release Clear Lake Emergency Medical Corps from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having and employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omission of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment, nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____

Date: _____