



TEXAS

EMERGENCY MEDICAL SERVICES

Please print in ink or use a typewriter. Attach extra sheets of paper when necessary. **Read and answer all questions completely.**

Position or Department applying for: _____ FT or PT _____

A. **APPLICANT IDENTIFICATION**

Date _____

1. Name: _____

2. Address: _____

3. Telephone Number: Area Code () _____

4. Social Security Number: _____ Date of Birth: _____

5. Are you authorized to work in the Country? () Yes () No

6. Driver's License: Type: _____ Number: _____ State: _____

7. E-Mail Address: _____

B. **RESIDENCES:** List all addresses where you have lived during the past 5 years, beginning with present address. List date by month and year. Attach extra page if necessary.

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

C. **MILITARY RECORD**

1. Have you served in the U.S. Armed Forces? () Yes () No

2. Date of Service: From: _____ To: _____ Branch: _____

3. Highest Rank held: _____

4. Type of Discharge: (Attach Copy) _____

D. **EDUCATION**

1. Did you complete High School or G.E.D.? () Yes () No
(Attach copy of diploma or other document)

High School Attended: _____

City & State: _____

Graduated? _____

2. College or University Attended: _____

Units Completed: _____ Major/Minor: _____

Degree Received: (Attach Copy) _____

3. List other schools attended (trade, vocations, business), give Name and Address, Dates Attended, Course of Study, and other pertinent information.

E. **SPECIAL QUALIFICATIONS**

1. List any specialized equipment or machinery you can operate:

2. List any craft or trade for which you have completed an apprenticeship:

3. List names of any professional organization of which you are a member:

F. **CONVICTIONS, DETENTIONS, AND TRAFFIC RECORD**

1. Specify all convictions. State, Date, Court, Nature of Offense, and Disposition:

2. Has your driver's license ever been suspended or revoked? () Yes () No

3. List all traffic citations you have received excluding parking tickets:

G. **PERSONAL REFERENCES:** Give name, address, and phone number of three persons, other than relatives, who have knowledge of your character, experience, or ability. **This must be filled out completely.**

Full Name	Address	Phone
		()
		()
		()

H. **WORK HISTORY:** Beginning with your present or most recent employment, list all employment, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra sheets of paper if necessary.

YOU MUST COMPLETE ALL BLANKS WITH THE INFORMATION REQUESTED

May we contact your present employer? () Yes () No

1. From: _____ To: _____ Employer: _____

Address (number/street/city/state/zip): _____

Phone Number: _____ Job Title: _____

Supervisor: _____ Reason for leaving: _____

May we contact this employer? () Yes () No

2. From: _____ To: _____ Employer: _____

Address (number/street/city/state/zip): _____

Phone Number: _____ Job Title: _____

Supervisor: _____ Reason for leaving: _____

May we contact this employer? () Yes () No

3. From: _____ To: _____ Employer: _____

Address (number/street/city/state/zip): _____

Phone Number: _____ Job Title: _____

Supervisor: _____ Reason for leaving: _____

May we contact this employer? () Yes () No

4. From: _____ To: _____ Employer: _____

Address (number/street/city/state/zip): _____

Phone Number: _____ Job Title: _____

Supervisor: _____ Reason for leaving: _____

CERTIFICATION

I hereby certify that the information I have provided is true and correct to the best of my knowledge and belief. I authorize Texas EMS to investigate my employment and personal history, including an inquiry, concerning information on my character, general reputation, credit, personal characteristics and mode of living, if appropriate. In connection with this investigation, I authorize all corporations, companies, credit agencies, educational institutions, persona, law enforcement agencies and former employers to release information they may have about me and release them from any liability or responsibility from doing so. This authorization, in original or copy form, shall be valid for this and any future investigation conducted by the company. I am aware that pursuant to the Fair Credit Reporting Act, if I am denied employment based on a report by a consumer reporting agency, the Company will furnish the name and address of such agency upon my written request.

I understand that this application is not an employment agreement, and that no employment is being offered to me in this application. If I am offered employment, I understand that my employment relationship with Granbury/Hood County EMS, Inc. will be governed by the at-will doctrine. I understand that under the at-will doctrine, Granbury/Hood Co. EMS, Inc. is allowed to change my wages, benefits, and other conditions of employment at any time. I also understand that under the at-will doctrine, I may terminate my employment with Granbury/Hood Co. EMS, Inc. at any time for any reason.

Applicant Printed Name: _____

Applicant Signature: _____ **Date:** _____

COMPLETED APPLICATION SHOULD BE RETURNED TO:

**TEXAS EMS
2200 Commercial Lane
Granbury, TX 76048
(P) 817.279.1408
(F) 817.573.9711**