



Ritchie County Ambulance Authority

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Social Security No.: _____ Driver License No.: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony or misdemeanor other than a minor traffic offense or had your Driver's License suspended or revoked? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references other than relatives.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Branch: _____ From: _____ To: _____

Position Applying For

___ Emergency Medical Technician – This position requires Certification by the WV Office of EMS at the Emergency Medical Technician Level, active registration with the NREMT, CPR card and 16 hour Emergency Vehicle Operator Course.

___ Paramedic - This position requires WVOEMS Certification at the Paramedic Level, active registration with the NREMT, CPR card, ITLS/PHTLS, ACLS, PALS Provider and EVOC.

Current Healthcare Licenses and Certifications

Type of License _____ License # _____ State _____ Expiration _____

Type of License _____ License # _____ State _____ Expiration _____

Have you ever been subject to limitation, suspension or termination of your right to practice in a healthcare setting or voluntarily surrendered a healthcare license to any state or to any agency authorizing the legal right to work? _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge and give permission to RCAA to use any means necessary to verify this information up to and including criminal and professional background checks, checks with the U.S. Health and Human Resources Healthcare Exclusions database and driver's license checks. I understand that RCAA requires Drug/Alcohol testing for all new hires and randomly thereafter. Further, I understand that falsification of information on this application may result in disciplinary action which may lead to termination of my employment with RCAA.

Signature: _____ Date: _____