



JEFFERSON COUNTY AMBULANCE AUTHORITY

208 S. Mildred Street

Ranson, WV 25438

E-mail – jeffcoamb@citlink.net

Telephone – 304-728-3287

Fax – 304-728-6221

Application Additional Details

To be eligible for employment all applicants must meet the following criteria:

- Be at least 21 years of age
- Have current WV or National EMT certification cards
- Have CPR Certification
- Have a Drivers License with *no* Class A violations in the past 5 years
- Have 2 Years of EMS experience
- Emergency Vehicle Operations Course (EVOC) certification
- No criminal convictions

Desired training and experience:

- Basic Trauma Life Support (BTLS)

The hiring process is as follows:

- Return completed application, resumes and copy of your certifications
- Complete a written exam
- Pass a basic skills test
- A basic agility test
- Interview
- Must have no felony convictions in your history
- Complete a background investigation
- Pass a medical physical and drug screen

The complete process for employment is estimated at 30 days from the test date.



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EMPLOYMENT APPLICATION

JOB CLASSES FOR WHICH YOU ARE APPLYING (This application cannot be processed without job titles) _____ _____	FOR OFFICE USE ONLY (DO NOT WRITE IN THESE SPACES) <table style="width:100%; border:none;"> <tr> <td style="text-align:center; width:25%;">A</td> <td style="text-align:center; width:25%;">R</td> <td style="text-align:center; width:25%;">V-5 ()</td> <td style="text-align:center; width:25%;">V-10 ()</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	A	R	V-5 ()	V-10 ()	_____	_____	_____	_____	_____	_____	_____	_____
A	R	V-5 ()	V-10 ()										
_____	_____	_____	_____										
_____	_____	_____	_____										

PLEASE TYPE OR PRINT CLEARLY IN INK. INCOMPLETE OR ILLEGIBLE APPLICATION WILL NOT BE CONSIDERED.

SOC SEC NO: _ _ _ - _ _ - _ _ _ _ _ Email Address: _____

NAME: _____
Last First Middle

ADDRESS: _____
Mailing Address City State Zip Code

TELEPHONE: _____
(Area Code) Home Number (Area Code) Business Number

TYPE OF EMPLOYMENT YOU ARE SEEKING:

- Permanent Full-Time
- Permanent Part-Time

How did you learn of the position for which you are applying? _____

YES NO

Have you ever used another name? If yes, what name(s) have you used? _____

Do you have a valid driver's license? State: _____ License No: _____ Class: _____

Were you born in West Virginia? If yes, which County? _____

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Starting with your present or last employer, please account for your work experience. Please attach any supplemental information you think might be useful. However, be sure you fill out the application fully. RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

Employer Name & Address			Employer Phone Number
Type of Business	Name and Title of Supervisor	Your Job Title or Occupation	Salary (Beginning / Ending)
Employment Dates: <i>From</i> <i>To</i> _____ _____ Month/Year Month/Year	Employment Status <input type="checkbox"/> Paid Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Number of Hours per Week: <input type="checkbox"/> Volunteer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Number of Hours per Week:		
Did You Supervise Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date You Began Supervising	List Titles & Number of Employees You Supervised	
Detailed Description of Duties and Responsibilities			
Reason for Leaving			

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Type of Business	Name and Title of Supervisor	Your Job Title or Occupation	Salary (Beginning / Ending)
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Reason for Leaving			

Attach additional sheets as necessary

Employer Name & Address			Employer Phone Number
Type of Business	Name and Title of Supervisor	Your Job Title or Occupation	Salary (Beginning / Ending)
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Attach additional sheets as necessary

EDUCATION

Did you receive a high school diploma or high school equivalency diploma (GED)? YES NO

Highest Grade Completed _____

Name of High School/City/State _____

College Name & Address	Field(s) of Study Major / Minor	Credit Hours Semester / Quarter	Dates of Attendance MM/YY – MM/YY	Type of Degree

Business, Vocational & Technical Schools & Additional Training	Course of Study	Number of Weeks Attended	Dates of Attendance MM/YY – MM/YY	Number of Hours per Day

MILITARY SERVICE

Were you in the U.S. Armed Forces? _____ If so, what branch? _____

Date of Entry (or Entries) _____

Date of Last Separation _____

Rate or Rank at Discharge _____ Service Number _____

List duties of your military service, including special training: _____

Have you taken any training under the G.I. Bill of Rights? If yes, what training did you take? _____



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Supplemental Questionnaire

Date of Application: _____

Position Applied For: _____

Name: _____
Last First Middle

Indicate languages you speak, read and/or write:

	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

VOLUNTEER EXPERIENCE

Job related community or volunteer experience (if applicable). Do not list any political affiliations.

Dates _____ Organization _____

Special Responsibilities _____

Dates _____ Organization _____

Special Responsibilities _____

CONVICTIONS

Have you ever been convicted of a felony or misdemeanor or been on parole or probation?

Yes No If yes, please explain fully. Attach a separate sheet of paper if this space is not adequate. List all convictions after your 18th birthday. (A “yes” answer is not an automatic bar to employment. Each case is considered individually.)

If you need additional space please continue on page 3 of Supplement or additional sheets as needed...

SPECIAL SKILLS and QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience:

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:

Citizenship or immigration status will be required upon employment. Can you provide proof of identity and the legal ability as a U.S. Citizen or lawfully authorized alien to work in the U.S.?

Yes No (Proof of citizenship will be required upon employment.)

Have you ever received any vehicle citations for moving violations within the last 5 years?

Yes No (A “yes” answer to this question is not an automatic bar to employment. Each case is considered individually for positions requiring a valid West Virginia Drivers License.)

If yes, please explain fully. (Attach a separate sheet if this space is not adequate.)

Additional Comments or Supplemental Information by the Applicant:

When would you be available to begin work? _____

Signature: _____ Date: _____



Jefferson County Ambulance Authority Affirmative Action Data Form

PLEASE NOTE: Completion of this form is on a voluntary basis. A decision not to complete this form will not subject you to any adverse treatment.

Jefferson County Ambulance Authority is striving to ensure equal employment opportunity in its hiring practices. We are asking you to voluntarily help us monitor the effectiveness of our program by answering the questions below.

The information requested below is used solely in connection with affirmative action efforts. All information is requested on a voluntary basis and will be used only in accordance with applicable state, local, and federal laws, including the Americans with Disabilities Act. This form will be filed separately from your application and will be kept confidential. The information provided will not be used to discriminate against you in any way.

Position Title _____ Male Female

Name (last, first, middle) _____

Date of Application _____ Date of Birth _____

Ethnic Origin (see note below):

- White Black Hispanic
 Asian or Pacific Islander American Indian or Alaskan Native

Note: Ethnic origin is defined by the Federal Employment Opportunity Commission as follows:

White – (not of Hispanic origin) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East (includes all countries within the Arabian Peninsula; excluding countries within the Indian Subcontinent).

Black – (not of Hispanic origin) - Persons having origins in any of the Black racial groups of Africa.

Hispanic – Persons having origins in the original peoples of Spain and persons of Mexican, Puerto Rican, Cuban, and Central or South American, or other Spanish culture or origin, *regardless of race*.

Asian or Pacific Islander – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

American Indian or Alaskan Native – Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Veteran: Yes No

If yes, check here ____ if you are a Vietnam Era Veteran (served on active duty for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and were discharged with other than a dishonorable discharge).