Monroe County Emergency Medical Service

103 Collage Street South, Suite # 24
Madisonville, TN 37385 Phone: (423) 442-4063
E-Mail mcemsreport@gmail.com

Personal Information

Last	First	MI	SSN#	Email

Street Address	City	ST	Zip	Home Phone	Mobile Phone

Are you entitled to work in the United States? ☐ Yes ☐ No	Are you 18 or older? ☐ Yes ☐ No	Date of Birth

Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? ☐ Yes ☐ No	If yes, please explain:

Military Service? ☐ Yes ☐ No	Are you a veteran? ☐ Yes ☐ No	Can you work any shift: ☐ Yes ☐ No	Over Time ☐ Yes ☐ No	Day Truck ☐ Yes ☐ No	Call In ☐ Yes ☐ No

What position are you applying for?			If your answered no to any question above please explain:
Paramedic ☐ Yes ☐ No	EMT - IV ☐ Yes ☐ No	Other: ☐ Yes ☐ No	

Expected Hourly Rate	Paramedic / EMT License Number:	Date Available	Full Time: ☐ Yes ☐ No
			☐ Yes ☐ No

Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
May We Contact	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Education

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				
List any Current Certifications training or proficiencies.				

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date