

APPLICATION FOR EMPLOYMENT  
**KEENER TOWNSHIP EMS**

EMS OFFICE  
708 15<sup>TH</sup> STREET SE  
DEMOTTE, IN 46310  
(219) 987-2021

TRUSTEE OFFICE  
321 15<sup>TH</sup> STREET SE / P.O. BOX 233  
DEMOTTE, IN 46310  
(219) 987-7825

Position Applying For:       Driver                       EMT                       Paramedic

Instructions: Read the application thoroughly before providing the requested information. *Please print in black ink.* Fill out this application completely and accurately. All statements in your application are subject to verification. **False, inaccurate or incomplete information may subject you to disqualification or dismissal from employment with Keener Township.** If writing space is inadequate, attach additional pages as needed. For any question that does not apply, use "N/A" as your answer. Do not leave blanks:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Have you ever served in any branch of the United States Military?    Yes    No

If Yes, please list branch and rank held:

Have you ever been arrested for or convicted of a crime that has not been expunged by a court?    Yes    No

If Yes, please explain on a separate sheet of paper, include date and details.

Has your license or certification ever been suspended or revoked?    Yes    No

If Yes, please explain on a separate sheet of paper, include date and details.

**Current or Previous Medical Director Affiliation(s):**

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates Affiliated: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates Affiliated: \_\_\_\_\_

**Employment History:**

List your last two jobs in chronological order. Put present or most recent job first.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ - \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ - \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Education:**

	School Name / Location	Graduation Year
High School:	_____	_____

College:	_____	_____
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Trade/Vocational EMT/Paramedic School	_____	_____
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**Certification:**

PSID Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

National Registry  
Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CPR: Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

ACLS: Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

PALS: Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

PHTLS: Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**References:**

Please list three persons, not related to you, whom you have know for at least one year. Keener Township reserves the right to contact these references.

NAME	ADDRESS	PHONE	YEARS KNOWN

*You are welcome to attach a resume or share any other information with Keener Township in respect to the position you are applying for.*

**Authorization and Certification:**

**Employment Verification:** I understand that I have a right to receive a copy of this authorization on request and that a photographic, scanned, faxed, or emailed copy of this authorization shall be as valid as the original. I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements in this application and give Keener Township permission to contact schools, previous employers, references and others and release the Keener Township from any liability as a result of such contact. I understand that any false information, omission or misrepresentation of information requested or provided in connection with this application may remove me from further consideration for employment. I also understand that false information, omissions or misrepresentations at any time may be cause for termination of employment.

**At Will Employment:** If accepted for employment, Keener Township will make every effort to provide steady continuous work, although Keener Township has no employment contracts and cannot guarantee the permanence of any position. job tenure can be affected by many factors (business, economic conditions, changes in laws or township policies, conformity to work rules, job performance, etc.) in addition, employees may elect on their own accord to seek jobs in other fields or with other employers. I understand that my employment with Keener Township is for no specific term and may be terminated by me or Keener Township with or without notice or cause at any time. I further understand that no oral promise, township policy, custom, business practice or other procedure (including employee handbooks or personnel manuals) constitutes an employment contract or modification of the at will employment relationship between me and Keener Township. The contents of any employment handbook or personnel manuals, as well as other township policies and practices are subject to change or modification by Keener Township, solely at its discretion, without notice. I also understand that no supervisor or other official of Keener Township (except the township trustee) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

**Consent to Pre-Employment Drug Testing:** I acknowledge that, together with my Application, Keener Township has provided me with a copy of its written Pre-Employment Drug Testing Policy Statement. I understand that, by signing the Application below, I consent to the Company's right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I further understand that a Drug-Free Workplace program is in effect and that a positive result for the drugs tested may be grounds for termination from employment. I understand that any offer of employment may be contingent upon satisfactory drug testing. I understand that should I decline to sign this consent, the Pre-Employment Drug Testing Policy Statement, or take any of the required drug tests, my Application may be rejected.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_