



Boone County Ambulance Authority

PO Box 159 / 1 EMS Circle

Racine, WV 25165

P: (304)837-3911 F: (304)837-3913

www.boonecountyems.org

EMPLOYMENT APPLICATION

Applicant Demographics

Full Name: _____ Date Completed: ___/___/___

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____ Driver's License Number: _____

Home Phone: _____ Cell Phone: _____ Mobile Carrier: _____

Email Address: _____

Position Information

Date Available to Start: ___/___/___ Desired hourly rate: _____

Are you a citizen of the United States? ___ YES ___ NO

If no, are you authorized to work in the US? ___ YES ___ NO

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

Have you ever been convicted of a felony? ___ YES ___ NO

If yes, explain:

Are you currently certified as an EMS provider in West Virginia? ___ YES ___ NO

If yes, what is your current certification? ___ EMT ___ Paramedic ___ MCCP ___ MCCN

If yes, what is your West Virginia certification number? WV _____

What type of position are you applying for? ___ Part Time ___ Full Time



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Education History

High School Name: _____ City/State: _____

Year Started: _____ Year Completed: _____ Did you graduate? YES NO

College Name: _____ City/State: _____

Year Started: _____ Year Completed: _____ Did you graduate? YES NO

If you graduated college, degree name: _____

Other Name: _____ City/State: _____

Year Started: _____ Year Completed: _____ Did you graduate? YES NO

If you graduated, what certification/training was completed? _____

Previous Employment (List current or most recent first)

Company Name: _____ City/State: _____

Phone Number: _____ Supervisor Name: _____

Job Title: _____ Starting Pay: _____ Ending Pay: _____

Start Date: ___/___/___ End Date: ___/___/___ Reason for leaving: _____

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

Company Name: _____ City/State: _____

Phone Number: _____ Supervisor Name: _____

Job Title: _____ Starting Pay: _____ Ending Pay: _____

Start Date: ___/___/___ End Date: ___/___/___ Reason for leaving: _____

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

Company Name: _____ City/State: _____

Phone Number: _____ Supervisor Name: _____

Job Title: _____ Starting Pay: _____ Ending Pay: _____

Start Date: ___/___/___ End Date: ___/___/___ Reason for leaving: _____

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



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References (List three (3) professional references)

Full Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Full Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Full Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Military Service

Branch: _____ Start Date: ___/___/___ End Date: ___/___/___

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from employment. By signing this application, I agree to a pre-employment drug/alcohol test as well as random drug screens throughout employment. The Boone County Ambulance Authority is an Equal Opportunity Employer.

Signature: _____ Date Signed: ___/___/___