



EMPLOYEE APPLICATION

**RESUMES WILL NOT BE ACCEPTED IN LIEU OF THIS APPLICATION.
ALL APPLICANTS ARE SCREENED FOR CRIMINAL HISTORY AND DRUG USE**

INSTRUCTIONS: The careful and thoughtful completion of this application is an *important* step in our consideration of individuals for employment. Therefore, you must complete the *entire* application packet. Please PRINT in black ink or type the information onto the application.

SUBMITTING YOUR APPLICATION

**TO SUBMIT YOUR APPLICATION, PLEASE SEND IT BY US MAIL IN A 9X12 ENVELOPE WITH CORRECT POSTAGE.
PLEASE DO NOT FAX OR SUBMIT YOUR APPLICATION IN-PERSON.**

Send your application to: DVA/GCEMS Human Resources - 2732 Flushing Rd., Flint, MI 48504

WRITTEN EXAM REQUIREMENT

Beginning January 2011, Road and Dispatch applicants meeting the minimum job qualifications will be required to take a written exam appropriate for the position applying for. Those meeting the job qualifications will be invited in writing to take the written exam.

OUT OF STATE APPLICANTS

If you are not a resident of the State of Michigan, please contact the State of Michigan's EMS Division (www.michigan.gov/ems) to apply for a state EMS License; we will not be able to schedule an interview until you are licensed by the state. Additional, please provide a recent (>6 months) criminal record and driving record from the state you are a current resident of, as indicated on this application.

NATIONAL INCIDENT MANAGEMENT SYSTEMS (NIMS)

If you have not completed the NIMS training from FEMA, you will need to complete this training, available online. Current NIMS courses required are IS100, IS200, and IS700. To access the NIMS training log on to <http://training.fema.gov/IS/NIMS.asp>

GCMCA ID CARD

This is an exam required by the Genesee County Medical Control Authority (GCMCA). Protocol requires all EMS providers able to work in the County must pass this exam successfully and upon successful completion will be issued an ID Card. If you have taken this exam and have your ID card, please provide a copy. If you have not taken this exam, contact the GCMCA office at 810-766-8898 to obtain a username and password. You will need to inform them you are applying to Genesee County EMS. However, GCMCA will not issue an ID card until our agency informs them you were hired. After access is provided log on to: <http://www.coursesites.com>

WHAT TO EXPECT NEXT

After submission of your application, it will go through an evaluation process and a background check. This process can take up to two (2) weeks or more. It will depend on the information you provided and any results to our criminal history and reference checks. Applicants meeting the minimum job qualifications will be contacted to take the written exam. Upon successful completion of the written exam and all previous steps, we will contact you for an interview should there be an available position. If there are no available positions, your application will be placed on a waiting list for the future. Typically this waiting list is valid for up to one (1) year. After that your application will be destroyed. For security purposes they cannot be returned.

Statement of Policy: Employment with Genesee County EMS, Inc. is based on individual merit. Employment opportunities are open to all, without regard to race, color, gender, age, marital status, religion, national origin, disability, ancestry, veteran status, or sexual orientation. Genesee County EMS, Inc. is an equal opportunity employer. Genesee County EMS, Inc. does not tolerate the use of drugs by its employees. All applicants are tested for drug use. Genesee County EMS, Inc. conducts a criminal history background prior to employment.

PLEASE DO NOT CONTACT US FOR A STATUS ON YOUR APPLICATION. WE WILL CONTACT YOU AS YOUR APPLICATION PROGRESSES THROUGH THE PROCESS.

Genesee County EMS, Inc. is proud to be an equal opportunity employer

GENESEE COUNTY EMS EMPLOYEE APPLICATION

REQUIRED PRE-EMPLOYMENT DOCUMENTATION
FAILURE TO PROVIDE THIS DOCUMENTATION COULD AFFECT YOUR CONSIDERATION FOR
EMPLOYMENT

Current List Updated: June 8, 2010

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Please provide the following documents along with your application

All Applicants

- Valid Michigan driver's license or Valid Michigan ID
- Social Security Card (For verification of Identity)
- National Incident Management Systems (NIMS) IS-100
- National Incident Management Systems (NIMS) IS-200
- National Incident Management Systems (NIMS) IS-700
- Out of State Criminal History Record

Road Personnel (EMS Division)

- Valid Michigan driver's license
- EMS License
- CPR/BLS Certification
- ACLS (Medic Only)
- Immunizations (HBV) Records
- Recent TB test results
- Genesee County Medical Control ID Card
- Emergency Vehicle Operations Driving Certificate (EVAC or CEVO)

Communications Personnel (If not available, will provide upon hire)

- EMD Certification
- CPR Certification
- First Aid Certification

Please explain why you are unable to provide the necessary documentation in a cover letter.

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE.

GENESEE COUNTY EMS EMPLOYEE APPLICATION

EMS EDUCATION/EXPERIENCE (IF APPLICABLE, APPLING FOR DISPATCH? CONTINUE TO NEXT SECTION)

 EMS license level Expiration date Issued by what State? License number
 Name on license if different than on this application _____
 How long have you actively worked in EMS? _____ Please indicate the level you operated in: BLS ALS MICU
 Do you have any experience teaching EMS education? No Yes Explain: _____
 Do you have experience in teaching the public about EMS? No Yes Explain: _____
 List all Medical Control Authorities (MCA) you are currently authorized to work in: _____
 Has any State or MCA taken action upon your EMS license or is any action currently pending against you? No Yes

DISPATCH EDUCATION/EXPERIENCE (IF APPLICABLE)

 EMD Certification number Expiration date Agency Issued?
 How long have you actively worked in Dispatch? _____ Please indicate the level you operated in: 911 EMS Police Fire
 What is your typing speed (WPM)? _____ List all CAD systems you have experience with? _____
 Has any agency taken action upon your certification or is any action currently pending against you? No Yes

DRIVER'S LICENSE INFORMATION (ALL APPLICANTS COMPLETE)

 Driver's License/ID Number Expiration Date Issued by what State?
 Is your driver's license currently valid? Yes No Do you have a CDL? No Yes CDL type: _____
 Has your driver's license ever been suspended or revoked? No Yes if yes, please indicate dates in table below.
 Have you ever been ticketed/convicted of any traffic offenses (excludes parking tickets)? No Yes

Date	Offense	Jurisdiction of Offense	Disposition (e.g., paid fine, points assessed, etc.)

Attach an additional sheet if more space is needed.

GENERAL EDUCATION

Certification	Expiration Date	Dispatch Certifications	Expiration Date
ACLS Provider or Instructor		ED-Q (NAED)	
BLS Provider or Instructor		PST/PST Instructor (Date completed)	
PALS Provider or Instructor		ETC/ETC Instructor (NAED)	
PEPP Provider or Instructor		CTO/CTO Instr (Date completed)	
PHTLS Provider or Instructor		EFD/EPD (NAED)	
BTLS Provider or Instructor			
CCEMT-P			
HAZMAT	Level: _____	NIMS Circle all Completed	IS100 IS200 IS700 IS800
Other		PAPR (Date completed)	

PLEASE PROVIDE COPIES OF ALL CERTIFICATIONS YOU HOLD

GENESEE COUNTY EMS EMPLOYEE APPLICATION

GENERAL EDUCATION CONTINUED

Type	Name	City/State	Zip Code
EMT Education			
	Instructor:		GPA:
Paramedic			
	Instructor:		GPA:
Other Education			
	Instructor:		GPA:
High School/GED			
			GPA:
College			
	Degree/Major:		GPA:
If you are still in school, please indicate your anticipated date of graduation: _____			

EMPLOYMENT HISTORY

List present position / most recent place of employment first. Include all full-time, part-time, and volunteer positions. List every promotion as a new job. Attach additional sheets if needed.

Employer _____ Phone _____ Address _____ Employment Dates (MM/YY) ____ to ____ Position _____ Starting wage _____ Ending wage _____ Reason for leaving _____ Hours worked per week _____ Briefly describe the job-performed _____
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Employer _____ Phone _____ Address _____ Employment Dates (MM/YY) ____ to ____ Position _____ Starting wage _____ Ending wage _____ Reason for leaving _____ Hours worked per week _____ Briefly describe the job-performed _____
Have you ever been dismissed from or asked to resign from any job? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain _____ _____ _____

GENESEE COUNTY EMS EMPLOYEE APPLICATION

REFERENCES List personal and professional, you do not need to fill all spaces.

Last name	First name	Relationship	Years known
_____	_____	_____	_____
Address	City/State	Zip Code	Phone
_____	_____	_____	_____
Last name	First name	Relationship	Years known
_____	_____	_____	_____
Address	City/State	Zip Code	Phone
_____	_____	_____	_____
Last name	First name	Relationship	Years known
_____	_____	_____	_____
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_____	_____	_____	_____

APPLICANT UNDERSTANDINGS AND AGREEMENTS

I certify that all of the information furnished on this application is true, complete, and correct. I understand and agree that any falsification, misrepresentation, misleading statement, or omission of fact on either this application or during the pre hire process will be sufficient reason for (1) me not being offered employment or (2) dismissal at any time from Genesee County EMS, Inc. if employed.

I authorize my former and/or current employer(s) and other persons who may have information regarding my qualifications to provide Genesee County EMS representatives any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise, and I release all parties from all liability for any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing any such information to Genesee County EMS, Inc. and its representatives. Pursuant to the Bullard-Plawecki Employee Right-to-Know Act, I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel file (even if more than four years old). I further authorize Genesee County EMS, Inc. to investigate my driving record and to complete a criminal background check.

I understand and agree that my employment and compensation is for no definite periods. I also understand that nothing contained in this employment application or granting of an interview is intended to create a contract between myself and Genesee County EMS, Inc. for either employment or the provision of any benefits, and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and Genesee County EMS, Inc. reserves the similar right without cause.

I further understand that if hired, any employment is at will. This means that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of Genesee County EMS, Inc. I understand that no manager or representatives of Genesee County EMS, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand and agree that I am required to abide by all the rules and regulations of Genesee County EMS, Inc. as outlined in the GCEMS employment manual. I further understand that Genesee County EMS, Inc. may require me to undergo a physical examination and/or drug and alcohol test. I agree to take such an examination and/or test and understand that my employment may be conditioned on the results of such an examination and/or test.

I understand and agree that if employed by Genesee County EMS, Inc. my final paycheck may be held until any and all debts, equipment, and/or items issued to me during my employment is returned or paid for to Genesee County EMS, Inc. and furthermore any costs associated with damage of issued items may be deducted from my final paycheck.

I understand that any applicant for employment or employee needing accommodation to perform the essential functions of his or her job because of a handicap or disability must notify Genesee County EMS, Inc. in writing of the need for accommodation within 182 days after the date the disabled or handicapped individual knew or reasonably should have been known that an accommodation was needed.



APPLICANT SIGNATURE

DATE

Genesee County EMS, Inc. is proud to be an equal opportunity employer

GENESEE COUNTY EMS EMPLOYEE APPLICATION

APPLICANT EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

It is the policy of Genesee County EMS, Inc. to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, gender, age, marital status, religion, national origin, disability, ancestry, veteran status, or sexual orientation. Various agencies of the government require employers to invite applicants to identify themselves as indicated below. Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential.

Full Legal Name: _____

Position applying for: _____

What is your race/ethnic origin? (Select one)

- American Indian or Alaskan Native
- African American, not of Hispanic Origin
- Hispanic
- Caucasian, not of Hispanic Origin
- Asian or Pacific Islander

What is your gender? Male Female

Signature

Date

**Genesee County EMS
2732 Flushing Rd
Flint, MI 48504**

Prospective Employee: Please complete the following information and authorize, by signing in the appropriate location on the form, for each employer listed on your application. Return this form with your application; **do not mail to your previous employer.**

_____ Employer
 _____ Address
 _____ City/State/Zip

Please PRINT previous employer name and address

Reference for: _____ (Applicant's Name)
 (PLEASE PRINT NAME)

I authorize my former and/or current employer(s) and other persons who may have information regarding my qualifications to provide Genesee County EMS representatives any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise, and I release all parties from all liability for any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing any such information to Genesee County EMS, Inc. and its representatives. Pursuant to the Bullard-Plawecki Employee Right-to-Know Act, I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel file (even if more than four years old).

_____/_____/_____ Date
 _____ Signature

APPLICANTS: DO NOT WRITE BELOW THIS LINE

(Previous) Employer

Please complete as much of the following information as you are able to. Thank you for your cooperation in this matter.

Hire date: ____/____/_____ Starting pay rate: \$_____ per hour
 Separation date: ____/____/_____ Ending pay rate: \$_____ per hour
 Position _____ Is employee eligible for rehire? ___ Yes ___ No
 Separation reason: _____
 Has the employee received any disciplinary action? ___ Yes ___ No
 If so, Please explain the circumstances _____

PLEASE RATE THE FOLLOWING	Satisfactory	Neutral	Unsatisfactory	N/A
Reliability				
Punctuality				
Honesty & Integrity				
Interaction with Management				
Ability to handle conflict				
Communications Skills				
Work Ethic				
Quality of Work				
Overall Job Performance				

PLEASE RETURN TO GENESEE COUNTY EMS, INC. AT 2732 FLUSHING RD. FLINT, MI 48504

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