



EAGLE COUNTY HEALTH SERVICE DISTRICT

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or disability.

PERSONAL INFORMATION

(PLEASE PRINT)

Date of Application _____

Referral Source: Advertisement _____ Friend _____ Relative _____ Other _____

Position Applied for _____

Name _____
(Last) (First) (Middle)

Address _____

Telephone: Home: _____ Cell: _____ Alternate: _____

E-mail: _____

Have you filed an application here before? Yes _____ No _____ If yes, give date _____

Have you ever been employed here before? Yes _____ No _____ If yes, give date _____

Are you employed now? Yes _____ No _____ Date available to start work? _____

Please describe your ability to perform the essential job functions of the position for which you are applying, with or without reasonable accommodations, as such essential job functions are identified on the attached job description: _____

Have you ever been convicted, plead guilty or no contest to a felony? Yes _____ No _____

If yes, please explain: _____

Have you ever physically or sexually abused or assaulted another person? Yes _____ No _____

If yes, please explain _____

Have you ever been arrested for any crime related to physical or sexual abuse or assault?

Yes _____ No _____

If yes, please explain _____

Have you ever stolen money or property? Yes _____ No _____

If yes, please explain _____

Do you currently use any drug, other than prescription medication pursuant to and consistent with a valid prescription or over-the-counter medication consistent with the medication's directions?

Yes _____ No _____

If yes, please explain _____

Have you ever had any medical related certification withdrawn or revoked? Yes _____ No _____

If yes, please explain _____

Do you have a current drivers license? Yes _____ No _____

Have you ever had your drivers license revoked or suspended? Yes _____ No _____

If yes, please explain _____

Do you have a current COLORADO EMT certificate? Yes _____ No _____ (attach copy)

Have you been cited for, been convicted of, plead guilty or no contest to a moving motor vehicle violation within the last 18 months? Yes _____ No _____

If yes, please explain _____

GENERAL EDUCATION

	Name and Location of School	Highest Grade Completed	Degree Received
High School			
College			
Other			

Honors and Recognition received: _____

Special skills and Qualifications: _____

Extra Curricular Activities: _____

EMS EDUCATION

	Name, School and Dates Attended	State or National Certification Number
First Aid/ First Responder		
EMT-Basic		
EMT-Intermediate		
EMT-Paramedic		

FORMER EMPLOYERS

List below your last four employers, starting with the most recent one first.

Dates	Name and Address Of Employer	Salary	Position
From:		Start:	
To:		End:	
Reason For Leaving:			
From:		Start:	
To:		End:	
Reason For Leaving			
From:		Start:	
To:		End:	
Reason For Leaving			
From:		Start:	
To:		End:	
Reason For Leaving			

Are you a veteran of the Military Services? Yes _____ No _____

If yes, what Branch? _____

What was the nature and type of your military training and experience? _____

Give name, address and telephone number of three references that are not related to you.

1. _____

2. _____

3. _____
