



Gates County Rescue Squad

016 Hwy 158 East Gatesville, NC 27928

Employment Application

PERSONAL INFORMATION

NAME (First, MI):		Last:	
DOB (MM/DD/YY):	AGE:	EMAIL:	
MAILING ADDRESS:			
PHONE NUMBER: Home:		Work:	Cell:

EMERGENCY CONTACT INFORMATION

NAME:	PHONE NUMBER:
ADDRESS:	RELATIONSHIP:

Please list/describe any medical conditions (including medications) which may prevent or impair your ability to perform various tasks as an employee of GCRS or that we should be aware of in case of an emergency:

EDUCATION AND TRAINING

	Name/Location	Dates	Field of Study/Diploma/Degree
High School/GED			
College			
College			
Technical			
Other			

CERTIFICATION INFORMATION

Certifications or Licenses Held (CPR, RT, EMT, EVD, RN, MD)	Date Issued – Date Expires	State Issued From
1.		
2.		
3.		
4.		

Please list/describe any special certifications, skills, or previous emergency experience that you have or extracurricular activities that you do that are relevant to your being an employee of GCRS. For certifications, please include dates of expiration.

GCRS USE	Date Received App:	Date Reviewed:	Date Left:
EMS Level: EMT-B _____ EMT-I _____ EMT-P _____	Signatures - -	President:	_____
Position Applied For: Full Time _____ Part Time _____	Chief:	_____	



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DRIVING AND CRIMINAL RECORD

Social Security #:	
NC Drivers License#:	Expiration Date:
Have you had a traffic violation in the past five years? Yes / No	(If yes, please explain briefly under additional comments further below)

EMPLOYMENT HISTORY

Employer Name (most recent)	Address	Position Title	Dates Employed (mm/yy - mm/yy)	Phone Number
1.				
2.				
3.				
4.				

May we contact your most recent employers? **Yes / No** (If no, briefly explain below)

PERSONAL REFERENCES

Name	Phone Number	Address	Email Address
1.			
2.			
3.			

OTHER INFORMATION

Use this space to answer or clarify any previous questions, or to provide any additional pertinent information.

AVAILABLE TO WORK:

- Day Time
- Night Time
- Weekends

POSITION DESIRED:

EMS

- Full Time EMT-Basic
- Full Time EMT-Intermediate

- Part Time EMT-Basic
- Part Time EMT-Intermediate



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DISCLAIMER

GCRS reserves the right to deny affiliation based on the results of a criminal background check. GCRS will consider criminal convictions and arrests, particularly those involving moral turpitude. Examples of criminal felony and misdemeanor convictions or arrests that may result in denial of affiliation with GCRS include, but are not limited to, crimes involving violence, sexual assault or exploitations, drugs or alcohol, weapons, theft, fraud, or embezzlement. As a matter of public trust, it is essential that all employees & members uphold the mission, values, and integrity of GCRS.

RELEASE AND SIGNATURE

This is to certify that I, (print name) _____, have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14 -122.2). The applicant's signature on this application grants this organization permission to verify all information and to conduct criminal background and DMV history reports. Any information being found falsified will be grounds for denial.

Signature of Applicant

Date