

**LAPEER COUNTY EMS**  
3565 Genesee Road, Lapeer, Michigan 48446  
Office (810)664-2927 Fax (810)664-3749

**EMPLOYMENT APPLICATION**

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**Position Applied For** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

How did you learn of this opening?     Advertisement     Friend     Walk -In     Other

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Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Message) \_\_\_\_\_

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Are you a relative by birth or marriage to any elected or appointed member of Lapeer County EMS?

Yes     No

Please list the names of any relatives who are elected officials, appointees or employees of Lapeer County EMS: \_\_\_\_\_

Have you ever been employed by Lapeer County EMS before, and if so, when? \_\_\_\_\_

Are you prevented from being lawfully employed in the United States because of VISA or immigration status?     Yes     NO

*(Proof of citizenship or immigration status may be requested prior to employment)*

Are you currently employed?     Yes     No    If yes, are you subject to \_\_\_\_ call?     Yes     No

Are you available to work     Full Time     Part Time     Shift Work     Temporary

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Do you have a valid Michigan Driver's License?     Yes     No

Driver License No. \_\_\_\_\_

If operation of a vehicle is part of the position you are applying for, complete the following:

Expiration Date: \_\_\_\_\_ Issued by the State of \_\_\_\_\_

Do you have a Commercial Driver's License?     Yes     No    If yes, list CDL type \_\_\_\_\_

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Have you ever been ticketed for any traffic offenses (excluding parking tickets)?  Yes  No  
 If yes, fill in the information below.

Date	Offense	Place	Disposition (e.g., paid fine, given points)

A driver's license check will be conducted for positions requiring a valid driver's license.

Have you ever been convicted of a felony?  Yes  No

If yes, please identify the crime, date of conviction, county, state and court in which the conviction was entered.

Do you have any felony charges pending against you?  Yes  No

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**Note: Depending upon the position for which you are applying, conviction of a felony, moving traffic violations and/or a dishonorable discharge may or may not be an automatic bar to employment.**

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**EDUCATION**

Have you received a High School Diploma/GED Certificate?  Yes  No

High School \_\_\_\_\_  
 (Name) (Address) (City) (State) (Zip)

Applicable Courses \_\_\_\_\_

College (undergraduate) \_\_\_\_\_  
 (Name) (Address) (City) (State) (Zip)

Degree/Certificate Received \_\_\_\_\_ Dates of Attendance \_\_\_\_\_  
 (To/From)

Major \_\_\_\_\_ Applicable Courses \_\_\_\_\_ Credit Hrs. Completed \_\_\_\_\_

College (graduate) \_\_\_\_\_  
 (Name) (Address) (City) (State) (Zip)

Degree/Certificate Received \_\_\_\_\_ Dates of Attendance \_\_\_\_\_  
 (To/From)

Major \_\_\_\_\_ Applicable Courses \_\_\_\_\_ Credit Hrs. Completed \_\_\_\_\_

Other (specify) \_\_\_\_\_  
 (Name) (Address) (City) (State) (Zip)

Degree/Certificate Received \_\_\_\_\_ Dates of Attendance \_\_\_\_\_  
 (To/From)

Major \_\_\_\_\_ Applicable Courses \_\_\_\_\_ Credit Hrs. Completed \_\_\_\_\_

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Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying:

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List professional trade, business group memberships, offices held, and volunteer work. You may exclude groups that would reveal race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

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#### MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard that is directly related to the position you are applying for?  Yes  No

If Yes, what branch? \_\_\_\_\_ Rank at discharge

Date of discharge \_\_\_\_\_ Were you honorably discharged?  Yes  No

If no, please explain the reason for discharge: \_\_\_\_\_

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.

If you are still in school, please identify the school, course of study and indicate here your anticipated date of graduation \_\_\_\_\_ Name on your transcript, if different from name shown on application \_\_\_\_\_

Do you possess a professional license, certificate or registration?  Yes  No

If yes, complete the following: Title/Type \_\_\_\_\_ Number \_\_\_\_\_

Issued by \_\_\_\_\_ Date Received \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever had a state license or certification revoked and/or suspended?  Yes  No

If so, please explain \_\_\_\_\_

**SPECIALIZED SKILLS (CHECK SKILL/EQUIPMENT OPERATED)**  Calculator  WordPerfect  
 Other Word Processing Software, include software brand(s) \_\_\_\_\_  Lotus 1-2-3  QuattroPro  
 Other Spreadsheets  DataBase  Desktop Publishing  Presentation etc.

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**Additional Information** Summarize special job-related skills and qualifications acquired from employment or other experience

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**EMPLOYMENT HISTORY:** List present position/most recent place of employment first (include full-time, part-time and volunteer). List every promotion as a new job. Additional pages available if needed.

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Name you were employed under if different from name shown on application \_\_\_\_\_

Worked From: \_\_\_\_\_ to: \_\_\_\_\_  
                  Month Day Year                   Month Day Year  
No. hours per week \_\_\_\_\_ Starting Salary \_\_\_\_\_ / \_\_\_ Last Salary \_\_\_\_\_ / \_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Name you were employed under if different from name shown on application \_\_\_\_\_

Worked From: \_\_\_\_\_ to: \_\_\_\_\_  
                  Month Day Year                   Month Day Year  
No. hours per week \_\_\_\_\_ Starting Salary \_\_\_\_\_ / \_\_\_ Last Salary \_\_\_\_\_ / \_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
Your Job Title \_\_\_\_\_ Your Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Name you were employed under if different from name shown on application \_\_\_\_\_

Worked From: \_\_\_\_\_ to: \_\_\_\_\_  
                  Month Day Year                   Month Day Year  
No. hours per week \_\_\_\_\_ Starting Salary \_\_\_\_\_ / \_\_\_ Last Salary \_\_\_\_\_ / \_\_\_

Have you ever been dismissed from or asked to resign from any position? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

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**APPLICANT UNDERSTANDINGS AND AGREEMENTS** -I have read and understand the following:

I certify that the answers given on this application are true and complete to the best of my knowledge and I understand that false or misleading statements or omissions on this application may be considered sufficient cause for cancellation of my application or for dismissal if hired, whenever they may be discovered.

I authorize my former and/or current employer(s) and other persons who may have information regarding my qualifications to give Lapeer County EMS representative(s) 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 Lapeer County EMS representative(s). 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 understand that this employment application does not represent an offer or promise of employment and the use of this application form does not indicate that there are any positions open, and does not, in any way, obligate Lapeer County EMS.

I understand that if hired, any employment is at will (unless you hire into a Union position). 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 Lapeer County EMS. I understand that no manager or representative of the Employer 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 Lapeer County EMS.

I understand that any employment offer is conditional upon the result of the drug screening test, post pre-employment medical examination, and background investigation (when applicable based on the position sought).

I understand that if I have a physical, mental, or other impairment that would interfere with my ability to perform in a position but that may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters, or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires me to notify the Employer's Human Resources Department in writing of need for accommodation within 182 days after I knew or should reasonably have known that the accommodation was needed.

I agree that any lawsuit against the Authority arising out of my employment or termination of employment, including, but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary. For circumstances in which the statutory period of limitations is less than six months, the statutory limit will apply.

I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF EACH OF THE ABOVE SIX (6) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

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SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FOR EMPLOYER USE ONLY** - Application sent to the following departments w/dates sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following information is for Lapeer County EMS

What is your level of licensure \_\_\_\_\_?

Number of years in EMS \_\_\_\_\_

Do you have any training in Hazardous Materials? [ ] Yes [ ] No

If yes, what level \_\_\_\_\_ (Awareness, Operations, Technician, Specialist)

Do you hold any of the following certifications: [ ] ACLS [ ] BTLS/PHTLS [ ] PALS [ ] CCT

Other (specify) \_\_\_\_\_

Are you currently authorized to work in the Lapeer County Medical Control Authority? [ ] Yes [ ] No

Your email address \_\_\_\_\_

**REFERENCES**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

7-25-2013 glb/Ferrand

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