APPLICATION FOR EMPLOYMENT

Fowler Rural Fire Protection District- EMT POSITION

Directions: Please type or print clearly in black or blue ink. Answer all questions completely.

1. PERSONAL INFORMATION

Full Name (Last, First, Middle)
Date of Application

Street Address
City, State, Zip

Phone Number
Email Address
Social Security Number (Optional for Initial Screening)

2. EMPLOYMENT DESIRED & AVAILABILITY

Position Desired

EMT-Basic ☐
EMT-Advanced ☐
EMT-Paramedic ☐

Job Type

Full-Time ☐
Part-Time ☐
PRN / Casual ☐

Shifts Available (Check all that apply)

Days (8/12hr) ☐
Nights (8/12hr) ☐
24-Hour Shifts ☐
Weekends ☐

Date Available to Start

3. PROFESSIONAL CERTIFICATIONS & LICENSURE

State EMT Certification #
Expiration Date
National Registry (NREMT) #

CPR / BLS Provider Expiration
Driver's License Number & State
EVOC/CEVO (Driving Cert) Date

IV Certified (CO requirement if applicable) ☐
ITLS / PHTLS ☐
Hazmat Awareness ☐
NIMS 100/200/700/800 ☐

4. DRIVING & BACKGROUND HISTORY

Have you had any moving violations or at-fault accidents in the past 3 years? Yes ☐ No ☐

Has your driver's license ever been suspended, revoked, or denied? Yes ☐ No ☐

Have you ever been convicted of, or pled guilty to, a felony or misdemeanor? Yes ☐ No ☐

**Note: A "Yes" response does not automatically disqualify you from employment. Driving history is subject to insurance provider approval.*

5. EMPLOYMENT HISTORY (LIST LAST 2 POSITIONS STARTING WITH MOST RECENT)

Company Name & Address	Position / Title	Dates (Mo/Yr to Mo/Yr)	Reason for Leaving

6. PROFESSIONAL REFERENCES

1. Name / Title
Company / Relationship
Phone Number

2. Name / Title
Company / Relationship
Phone Number

7. ACKNOWLEDGEMENT & SIGNATURE

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations may result in the rejection of my application or immediate termination if employed. I authorize the company to conduct a background check, drug screening, credential verification, and review of my Department of Motor Vehicles (DMV) driving history.

Applicant Signature

Date