

## **EMT APPLICATION**

EMT Certification	n #	Level of Car	e:		Expiration Date_	_//_
Date:	Social	Security No.:			Home Phone	e:
Name:						
Last Address:		First		M. I.	Cell Phone: <sub>.</sub> —	
City:	S	tate:	Zip:		_ E-mail:	
Are you <b>UNDER</b> 18	years of age? If Y	es, Required to	provide w	orking pap	ers	0 Yes 0 N
Are you legally elig (Proof of identity a				ent)		0 Yes 0 N
Have you ever filed	d an application v	with KEENA Staff	ing before	? (If Yes, W	hen?)	0 Yes 0 N
Please list the so	guads vou'd lik	ce to have vo	ur applic	ation forv	varded:	
1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-				
3.			14.			
5.			0.			
7.			8.			
second choice,  Days  Please list any S	☐ Nights				Other	
Co	omputer Exper	ience (Please	indicate	present	skill level if applic	able).
Microsoft Excel Microsoft Word Microsoft Acces QuickBooks/Ped Outlook		<ul><li>0 Beginner</li><li>0 Beginner</li><li>0 Beginner</li><li>0 Beginner</li><li>0 Beginner</li></ul>		0 Into 0 Into 0 Into	ermediate ermediate ermediate ermediate ermediate	<ul><li>0 Expert</li><li>0 Expert</li><li>0 Expert</li><li>0 Expert</li><li>0 Expert</li></ul>
			Education	<u>on</u>		
Circ	ele Last Year Com	pleted	Did You G	raduate?	Subject studied & D	egree(s received
High School	1 2 3 4		Y	N		
College	1 2 3 4		Y	N		
Other Schools	1 2 3 4		Υ	Ν		

## **Previous Employment/References**

Company Name	Telephone	Supervisor	_
City & State	Fro	om/ To/	
Job Duties			_
**************			***
Company Name	Telephone	Supervisor	_
City & State			
Job Duties			_
***************	************	*************	***
Company Name	Telephone	Supervisor	_
City & State	Fro	om/ To/	
Job Duties	Why left		_
*************	************	************	<b>*</b> **
Explain any period of time not account	ed for in your employmer	nt record:	
. , , ,	, , ,		, ,
<b>Physical Record:</b> Are you able to complete	e the essential iob functions of	f FMT and or Paramedic 0 Yes 0 No	0
· · · · · · · · · · · · · · · · · · ·	·		
If NO, what can be done to accommodate you	ur limitations?		
How much can you lift on a regular basis?	<b>0</b> 10-30lbs <b>0</b> 30	0-70lbs 0 70-90lbs 0 90+lbs	
How did you hear of KEENA? The Source	ces Name:		
I certify that the answers given herein are to that false or misleading information given in hire me, or for discharge should I be hired. application for employment as may be near	n my application and/or inte I also authorize investigation	erview(s) is grounds for refusing to on of all statements contained in the	
I understand and agree that I may be requ Drug Screen, Respiratory Evaluation, Credit continued employment.			
I hereby understand and acknowledge the relationship with this organization is of an "a any time and the Employer may discharge understood that this "at will" employment reor by conduct unless an authorized execut in writing.	it will" nature, which means Employee at any time with elationship may not be char	that the Employee may resign at or without cause. It is further nged by any written documentati	on
In the event of employment, I understand, the Employer.	also, that I am required to c	abide by all rules and regulations o	of
KEENA is a Equal Opportunity Employer and	d thank you for applying for	work.	
Signed	Dc	ate	