

# ANDERSON COUNTY EMS

## EMPLOYMENT APPLICATION

Full Name:			Date:	
	Last	First	M.I.	
Address:			Appt/Unit #	
	Street Address			
	City		State	Zip
Phone:		E-Mail:		
Date Available:		Desired Salary:		
Position Applied For:				
Are You A U.S. Citizen?		If No, Are You Authorized To Work In The U.S.?		
Have You Ever Worked For This Company?		If So, When?		
Have You Ever Been Convicted Of A Felony?				
If Yes, Explain:				
<b>Education</b>				
High School:		Address:		
From:		To:	Did You Graduate?	Degree:
College:		Address:		
From:		To:	Did You Graduate?	Degree:
Other:		Address:		
From:		To:	Did You Graduate?	Degree:
<b>References</b>				
Please List Three Professional References:				
Full Name:		Relationship:		
Company:			Phone:	
Address:				
Full Name:		Relationship:		
Company:			Phone:	
Address:				
Full Name:		Relationship:		
Company:			Phone:	
Address:				
<b>Previous Employee</b>				
Company:			Phone:	
Address:			Supervisor:	
Job Title:		Starting Salary:	Ending Salary:	

Responsibilities:				
From:		To:		Reason For Leaving:

May We Contact Your Previous Supervisor For A Reference?	<input type="checkbox"/>
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Company:		Phone:	
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Address:		Supervisor:	
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Job Title:		Starting Salary:		Ending Salary:
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Responsibilities:				
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From:		To:		Reason For Leaving:
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May We Contact Your Previous Supervisor For A Reference?	<input type="checkbox"/>
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Company:		Phone:	
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Address:		Supervisor:	
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Job Title:		Starting Salary:		Ending Salary:
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Responsibilities:				
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From:		To:		Reason For Leaving:
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May We Contact Your Previous Supervisor For A Reference?	<input type="checkbox"/>
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Military Service

Branch:		From:		To:	
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Rank At Discharge:		Type Of Discharge:	
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If Other Than Honorable, Explain:	
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Disclaimer and Signature

I certify that my answers are true and completed to the best of my knowledge. If the application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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