



Monroe County Emergency Medical Service

310 Tellico Street, Suite 1A
Madisonville, TN 37354 Phone: (423) 442-4063
E-Mail mcemsreport@gmail.com



Personal Information

Last	First	MI	SSN#	Email		
Street Address		City	ST	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth		
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:				
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you work any shift:		Over Time	Day Truck	Call In
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What position are you applying for?		If your answered no to any question above please explain:				
Paramedic <input type="checkbox"/> Yes <input type="checkbox"/> No		AEMT <input type="checkbox"/> Yes <input type="checkbox"/> No		Other: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Expected Hourly Rate	Paramedic / EMT License Number:	Date Available	Full Time: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				
List any Current Certifications training or proficiencies.				

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature

Date