

CRAWFORD COUNTY

Randy Sandberg
Director / MICT

P.O. Box 292
Girard, KS 66743

Phones
Office (620) 231-3344
Fax (620) 231-1781
Emergency 911

EMERGENCY MEDICAL SERVICE



It is policy of Crawford County Emergency Medical Service, in Kansas that no person shall be denied employment by the County or any agency or department thereof be excluded from participation in any program of the County or any agency or department thereof be denied the benefit of any service provided by the County or any agency or department thereof, or be otherwise subjected to discrimination by the County or any agency or department thereof on the basis of race, creed, color, religion, age, sex, physical handicap unrelated to the person's ability to engage in the work, national origin, or ancestry.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably. I understand that falsification or miss-information is grounds for disqualification or dismissal.

I authorize my previous employer and schools to give any information regarding employment or educational records. I agree that this organization and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application. In the event of my employment with this organization I will comply with all rules and regulations set forth in any communication distributed to employees.

In compliance with the immigration reform and control act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I further understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

I understand that applicants and employees of Crawford County E.M.S. are subject to mandatory and random Drug Testing, and I consent and agree to submit to such tests.

I hereby acknowledge that I have read and understand the above statements.

Date: _____

Candidate's Signature: _____

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Directions: All answers must be hand printed/typed in black in. Do not leave any blanks. If a question does not apply to you, print "N/A" All information must be accurate.

Attach copies of your State certifications, Drivers License, Social Security card and any other certificates that pertain to the job you are applying for.

Date of Application		Position Applying for:		Full or Part-time		State Certification			
Legal Name: Last		First		Middle		Maiden Name/Nickname			
Present Address: Street, Apt., City, State, and Zip Code						Phone () -			
Driver's Lic. No.		State		Type		Expiration		Restrictions	
Previous Residences List all addresses where you have lived in the past, starting with the most recent.									
Dates		From/To		Street Address, City, State, and Zip Code					
References: List three personal references. Do not list anyone who has not known you for at least three years or family members									
Name		Occupation			Phone () -			Years Known	
Address					What capacity do you know this individual?				
Name		Occupation			Phone () -			Years Known	
Address					What capacity do you know this individual?				
Name		Occupation			Phone () -			Years Known	
Address					What capacity do you know this individual?				

