

EDUCATION AND EXPERIENCE

EDUCATION: HIGHEST GRADE COMPLETED 12 13 14 15 16 16+

GED HIGH SCHOOL DIPLOMA DEGREE(S) _____

DO YOU HAVE PREVIOUS EMS AND MANAGEMENT EXPERIENCE? YES NO

IF YES, WHERE, PROVIDE LOCATION AND DATES OF SERVICE

- 1. _____
- 2. _____
- 3. _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

REFERENCES

LIST TWO CHARACTER REFERENCES, OTHER THAN YOUR SPOUSE OR RELATIVES

NAME	ADDRESS	TELEPHONE #
_____	_____	_____

NAME	ADDRESS	TELEPHONE #
_____	_____	_____

PLEASE EXPLAIN WHY YOU ARE INTERESTED IN BECOMING THE GALENA EMS COORDINATOR

ACKNOWLEDGEMENT

IF THIS APPLICATION IS GRANTED, I PROMISE FULL AND FAITHFUL OBSERVANCE OF ALL OF THE LAWS, RULES, POLICIES, AND PROTOCOLS THAT GOVERN GALENA AREA EMERGENCY MEDICAL SERVICES DISTRICT. I WILL PRESENT A COMPLETED PHYSICAL EXAMINATION AND DRUG SCREEN REPORT PRIOR TO ACTIVELY PARTICIPATING IN ANY DISTRICT FUNCTIONS

SIGNED BY MY OWN HAND ON THIS _____ DAY OF _____, 20 _____

APPLICANT SIGNATURE _____

AUTHORIZATION TO RELEASE INFORMATION

I authorize the Galena Area Emergency Medical Service District to coordinate and engage in a background investigation including criminal history and further authorize all former employers to furnish any information concerning my background. I understand that the information gathered will be provided to the appropriate Galena Area Emergency Medical Service District Board members and a selected interview panel for review and consideration.

I release the Galena Area Emergency Service District, their agents and employees from all liability in connection with this review and use of the information presented.

Applicant Signature _____ Date _____

Applicant (Print Name) _____

RECEIVED AND APPROVED

Received and approved for further processing:

Galena EMS District President _____ Date: _____
Signature

Distribution: Coordinator Selection File