

<b>Subject:</b>	<b>Date of Initial Approval:</b>	<b>Updated/ Reviewed:</b>	<b>Article(s):</b>
<i>RLEMS Application for Employment</i>	<i>January 1, 1998</i>	<i>August 10, 2022</i>	<i>B:2</i>

**Please Position applying for:**  
**Paramedic Full-time Part-time**  
**EMT Full-time Part-time**  
**Transit Driver Full-time Part-time**

Richmond Lenox EMS Ambulance Authority's policy and federal and state laws forbid discrimination in employment based on race, color, religion, sex, sexual orientation, national origin, age, disability, genetic information, height, weight, marital status, military status or other legally protected status under federal, state or other applicable law. No question on this application is intended to secure information to be used for such discrimination. An offer of employment, if made, will be conditioned upon the offeree's verification of identity and work eligibility pursuant to the Immigration Reform and Control Act of 1986.

Applicant Information			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	Email Address		

What position are you applying for? \_\_\_\_\_ Are you employed now? YES NO

Have you filed an application here before? YES NO

If yes, when? \_\_\_\_\_ For what position? \_\_\_\_\_

Are any of your friends or relatives employed by this Company? YES NO

If yes, who? \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_ Are you available to work full time? YES NO

Are you available to work overtime, evenings and weekends? YES NO

Have you ever been convicted of or pled guilty or nolo contendere to a criminal offense other than a minor traffic violation?

YES NO

If yes, please explain \_\_\_\_\_

Are there any felony charges pending against you? YES NO If yes, please explain \_\_\_\_\_

Are you a citizen of the United States? YES NO

If no, are you authorized to work in the United States? YES NO

Do you have a valid Driver's License? YES NO

Are you at least 18 years of age? YES NO

Have you ever tested positive or refused a drug test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? YES NO

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### Prior Employment

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?				YES	NO	
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?				YES	NO	
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?				YES	NO	

Have you ever been terminated or asked to resign? YES NO If so, by whom and for what reason? \_\_\_\_\_

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### Education

High School			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	YES	NO	Degree

Please list any licenses, registrations or certificates. \_\_\_\_\_

Please summarize special skills, qualifications or training you have acquired related to this job. \_\_\_\_\_

### Military Service

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

### ADDITIONAL INFORMATION

Use this space to describe your interests and/or accomplishments that you think qualify you for a position with the Company. Please remember we are an Equal Employment Opportunity employer and are not interested in receiving comments concerning religious or political activities or interests. If listing any organizations of which you are affiliated, exclude names and characters, which indicate race, color, religion or national origin of its members. Use additional pages if necessary.

### Work or References

Please list 3 references who are not related to you, but whom you have known for at least one year and to whom we may make contact.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone

Address

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Full Name	Relationship		
Company	Phone		
Address			

### **APPLICATION FOR EMPLOYMENT AGREEMENT IMPORTANT – PLEASE READ BEFORE SIGNING**

In connection with my application for employment with Richmond Lenox EMS Ambulance Authority, I hereby authorize Richmond Lenox EMS Ambulance Authority, or its agents, to investigate my past employment and to verify the activities and statements contained in this application, my resume, or other documents, that I have submitted to Richmond Lenox EMS Ambulance Authority. I agree to fully cooperate with Richmond Lenox EMS Ambulance Authority in any such investigation. I hereby release all persons, educational institutions, law enforcement organizations, firms or corporations providing Richmond Lenox EMS Ambulance Authority with information pursuant to its investigation and verification from any and all liability or responsibility in connection therewith and I am specifically aware that such investigation may include obtaining my driving record if driving is a job requirement.

If offered employment, I have no objection, if requested, to signing an employee agreement on confidential information, making application for a bond or security clearance, or taking a medical examination which could include a drug screen.

In consideration of my employment, if I become employed, I agree to conform to the policies, procedures, rules and regulations of Richmond Lenox EMS Ambulance Authority. I understand and agree that my employment is at will and that my employment and compensation may (regardless of the time and manner of payment of my wages and salary) be terminated, with or without cause, and with or without notice, at any time by Richmond Lenox EMS Ambulance Authority or myself. I understand that no representative of Richmond Lenox EMS Ambulance Authority, other than the Chief of Richmond Lenox EMS Ambulance Authority, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and then only in writing, signed by myself and the Chief at the option of either Richmond Lenox EMS Ambulance Authority or myself.

I agree that any claims or suits that I may have against the Company, its owners, members, officers, employees, representatives or agents arising out of my application for employment, employment or termination from employment, including but not limited to claims arising under state or federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for discrimination claims requiring a Notice of Right to Sue from the Equal Employment Opportunity Commission (“EEOC”), within ninety (90) days after the EEOC issues that Notice; or (b) for all other claims, within (i) one hundred eighty (180) days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I knowingly and voluntarily waive any limitation periods that exceed this time limit.

I affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge, and agree that misrepresentations, false information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

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Signature of Applicant

Date