

Sumner Emergency Medical Services, Inc. (SEMS Paramedic Services)
901 West First Street - P O Box 911 - Sumner, IA 50674

Sumner Emergency Medical Services, Inc. is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For: <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee	Name (Last, First, Middle):		Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:		
Social Security Number:	Home Phone:	Work Phone:	Other Phone:	
Are you eligible to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, what is your current age?
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what is your current job title & department?
Have you previously been employed by, or volunteered at, Sumner Emergency Medical Services, Inc?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, dates of employment & reason for leaving:
Are you related to anyone volunteering or employed at Sumner Emergency Medical Services, Inc?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, their name & their relationship to you?
Do you have a valid driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, State of issuance, license #, and expiration date:
How did you learn about this employment/volunteer opportunity? Check all that apply: <input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Ad in <i>magazine</i> <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:				

EDUCATION:

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

CERTIFICATIONS / LICENSES:

Please list all certifications or licenses relevant to this position.

SKILLS:

Please list technical skills, clerical skills, trade skills, etc., relevant to this position.

WORK EXPERIENCE-Please detail your work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets or your resume' if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments.

PLEASE NOTE: Sumner Emergency Medical Services, Inc. reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

What makes you the ideal candidate for an employment or volunteer position with Sumner Emergency Medical Services, Inc?

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Sumner Emergency Medical Services, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Sumner Emergency Medical Services, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I may be required to make mandatory contributions to the Sumner Emergency Medical Services, Inc. optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____

Date:_____