



LENOIR COUNTY EMERGENCY SERVICES

FOR OFFICE USE ONLY!  
DATE RECEIVED: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_

EMERGENCY MEDICAL SERVICES and COMMUNICATIONS  
DIVISIONS  
APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR \_\_\_\_\_  
FULL TIME  PART TIME

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last)

Current Residence: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Residence for past ten (10) years. Give complete address and date of each residence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete date of birth (attach copy of birth certificate) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Spouse's Complete Name: \_\_\_\_\_ Wife  Husband   
Address: \_\_\_\_\_

Are you a citizen of the U.S.? \_\_\_\_\_

If naturalized, date and place of naturalization: \_\_\_\_\_

**MILITARY RECORD:**

Organization \_\_\_\_\_ Serial No. \_\_\_\_\_

Date & Place of Entry \_\_\_\_\_

Date & Place of Discharge \_\_\_\_\_

Active Service  Inactive Service

**EDUCATION: (List name, location and dates of attendance)**

Elementary	High School	College
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you graduate? \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

Courses pursued: \_\_\_\_\_

List any Credits/Degrees received: \_\_\_\_\_

List names of clubs, societies, and other similar organizations you are a member of:

\_\_\_\_\_

**PERSONAL INFORMATION:**

Specify any arrest(s) (include all traffic arrest and/or citations)

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Location of arrest(s) City and/or County

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Judgement of court on each case

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Have you ever been a defendant in any civil or domestic court action? \_\_\_\_\_

If yes, specify: \_\_\_\_\_

Name any friends or acquaintances employed by Lenoir County:

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List names of relatives that are employed by the City/County:

Name \_\_\_\_\_ Dept. \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Dept. \_\_\_\_\_ Relation \_\_\_\_\_

Do you know of anything that would disqualify you for employment with Lenoir County Emergency Medical Services or prevent your full discharge of the official duties of such a position? \_\_\_\_\_

Do you drink intoxicating liquors? Yes  No

If yes, to what extent? \_\_\_\_\_

Have your employers usually treated you fair? Yes  No

If no, specify: \_\_\_\_\_

What are your hobbies/interests? \_\_\_\_\_

You may indicate in the space below and/or on additional blank sheets, if necessary, such experience and training you have had or specialized abilities, which, in your opinion, will qualify you for the position for which this application is filed. Describe fully positions you have held which required executive ability, the exercise of authority, and ability to lead others:

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**WORK EXPERIENCE:**

(Please give particulars and account for time lapses in employment. Begin with current or last employment)

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Position & kind of work: \_\_\_\_\_  
Annual Salary \$ \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Position & kind of work: \_\_\_\_\_  
Annual Salary \$ \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**If you are presently employed, may we contact your current employer about your work?**

\_\_\_\_\_

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**PERSONAL REFERENCES:**

Give four (4) personal references, preferably thirty years old or older, who are householders, property owners, business leaders, or people of professional standing in the community, and who have known you during the past five (5) years. **PLEASE PRINT.**

Name: _____	Address: _____
No. of years acquainted: _____	Business Address: _____
Type of Business: _____	Phone Number: _( ) _____
Name: _____	Address: _____
No. of years acquainted: _____	Business Address: _____
Type of Business: _____	Phone Number: _( ) _____
Name: _____	Address: _____
No. of years acquainted: _____	Business Address: _____
Type of Business: _____	Phone Number: _( ) _____
Name: _____	Address: _____
No. of years acquainted: _____	Business Address: _____
Type of Business: _____	Phone Number: _( ) _____

I hereby certify that there are no intentional misrepresentations in or falsifications of the above statement and answers to questions.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

***STATEMENT:***

***Any intentional misrepresentations or falsifications contained in this application will automatically disqualify the applicant for further consideration. If such misrepresentations or falsifications is discovered after employment, it shall be grounds for immediate dismissal.***

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN

I hereby authorize any member of Lenoir County Emergency Services, within one (1) year of this date, to obtain any information in your files pertaining to my employment, military, medical or educational records including, but not limited to, academic achievements, attendance, athletic, personal history, disciplinary records, and medical records. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of Lenoir County Emergency Services. Consent is granted for Lenoir County Emergency Services to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, hospital, or other repository of medical records including its officers, employees, or related personnel, both individually and collectively, from all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of the release, you may contact me as indicated below.

FULL NAME: \_\_\_\_\_  
(Signature)

FULL NAME: \_\_\_\_\_  
(Type or Printed)

DATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CURRENT ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**WITNESS**

Subscribe and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Address)

**ACCEPTANCE OF PRE-EMPLOYMENT SCREENING**

I understand that as a result of pre-employment screening, I will be asked to have a complete physical. This physical will consist of standard pre-employment screening and will also include a drug test. I further understand that Lenoir County Emergency Services will also, as a pre-employment screen, conduct a full and detailed background investigation including, but not limited to, a driver's history, criminal history and administrative office of the courts check.

I also understand that as a result of being hired for any position, permanent or part time, with Lenoir County Emergency Services, that there will be random drug testing. I also understand that if the results of these random drug tests are returned with a positive result, that these are grounds for dismissal from employment with Lenoir County.

I understand the above pre-employment screening and the conditions for random drug testing and have been given consideration to ask any questions that I may have to clarify any questions or concerns. I further give authorization to obtain these pre-employment screening tests for the purpose of obtaining a position with the Lenoir County Emergency Services Department.

FULL NAME: \_\_\_\_\_  
(Signature)

FULL NAME: \_\_\_\_\_  
(Typed or Printed)

DATE: \_\_\_\_\_ CONTACT No: \_\_\_\_\_

CURRENT ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_