



# JEFFERSON COUNTY EMERGENCY SERVICES AGENCY

419 Sixteenth Avenue ■ Ranson, WV 25438

Tel: 304-728-3287 ■ Fax: 304-728-6221 ■ [jcesa.org](http://jcesa.org)

## EMPLOYMENT APPLICATION

Position & class(es) for which you are applying:

- Firefighter / EMT
- Firefighter/Paramedic
- Full-Time
- Part-Time
- Either

<i>Office Use:</i>		
REC:	REV:	QUA: [ ] Q [ ] U
TES:	INT:	NOT:
HBG:	OFF:	

**PLEASE TYPE OR PRINT CLEARLY IN INK. INCOMPLETE OR ILLEGIBLE APPLICATION WILL NOT BE CONSIDERED.**

NAME: \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_  
Street/PO Box City State Zip Code

TELEPHONE: \_\_\_\_\_  
Home Number Cell Number

SOC SEC NO: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you learn of the position for which you are applying? \_\_\_\_\_

Do you have a high school diploma or GED?  HS Diploma  GED  Neither

Have you attended college, or are you attending college now?  Yes  No

Degree(s) earned: \_\_\_\_\_

Degree(s) in-process: \_\_\_\_\_ # of credit hours earned to date: \_\_\_\_\_

Have you ever been a member of the U.S. Armed Forces?  Yes  No

What branch are/were you a member of and what is/was your rank: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

For each of the following training certifications please indicate whether you have completed and attached the certificate to this application, you're enrolled in a course and the certification is in-process, or you do not have the certification.

WV EMT or Paramedic Cert.  Attached  In-process  Do not have

Healthcare Provider CPR  Attached  In-process  Do not have

Emergency Vehicle Operators Course (EVOC)  Attached  In-process  Do not have

NIMS 100, 200, 700, and 800  Attached  In-process  Do not have

Firefighter I  Attached  In-process  Do not have

Firefighter II or Vehicle Extrication Ops  Attached  In-process  Do not have

} If you do not currently have these certificates, are you willing to obtain them within one year of hire, at your own expense? Yes No



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## EMPLOYMENT HISTORY

Starting with your present or last employer, please account for your work experience for the last seven (7) years or four (4) employers, whichever is greater. Make copies of this page if necessary.

**RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION**

Employer Name		Employer City	Employer State
Month/Year From:	Month/Year To:	Type of Business	Your Job Title or Occupation
Employment Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer		Reason for Leaving: <input type="checkbox"/> Still employed <input type="checkbox"/> Terminated <input type="checkbox"/> Further education <input type="checkbox"/> Better opportunity <input type="checkbox"/> Other	
Major Duties & Responsibilities:			
Employer Name		Employer City	Employer State
Month/Year From:	Month/Year To:	Type of Business	Your Job Title or Occupation
Employment Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer		Reason for Leaving: <input type="checkbox"/> Still employed <input type="checkbox"/> Terminated <input type="checkbox"/> Further education <input type="checkbox"/> Better opportunity <input type="checkbox"/> Other	
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Major Duties & Responsibilities:			



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Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations, or been on parole or probation?  
 Yes  No If yes, please explain fully in the space below or attach a separate sheet of paper. List all convictions after your 18<sup>th</sup> birthday. (A “yes” answer is not an automatic bar to employment. Each case is considered individually.)

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If there is any additional information regarding your qualifications, training, experience, or abilities that may be helpful to us in considering your application, please explain below:

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### Additional preferred training:

In addition to the training/certifications requested on page 1 of this application, please submit documentation of any/all of the following, if you have completed them, with your application.

ITLS/PHTLS (instructor/provider)  
AMLS (instructor/provider)  
PEPP/PALS (instructor/provider)  
ACLS (instructor/provider)  
HazMat Operations

Vehicle Rescue Operations  
Core Rescue  
Driver / Pump Operator  
Incident Safety Officer  
Fire/EMS Officer I

Fire/EMS Officer II  
ICS 300  
ICS 400  
NFPA Instructor I  
NFPA Instructor II

### STATEMENT OF APPLICANT

I hereby affirm that the information given by me in this application and any attachments is true and complete to the best of my knowledge and belief. I understand that, if this application is found to include misrepresentation or falsifications I will be eliminated from the hiring process and if I have already begun employment I will be terminated.

I hereby authorize Jefferson County Emergency Services Agency and its agents or vendors to make an investigation of my past employment and all of the information on this application for employment. I release from all liability or responsibility all persons, places of business, schools, and entities supplying such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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## Affirmative Action Data Form

**PLEASE NOTE: Completion of this form is VOLUNTARY. You are not required to complete this form and choosing not to submit this form will have no impact on your application whatsoever.**

Jefferson County Emergency Services Agency is striving to ensure equal employment opportunity in its hiring practices. We are asking you to voluntarily help us monitor the effectiveness of our program by answering the questions below.

The information requested below is used solely in connection with affirmative action efforts. All information is requested on a voluntary basis and will be used only in accordance with applicable state, local, and federal laws, including the Americans with Disabilities Act. This form will be filed separately from your application and will be kept confidential. The information provided will not be used to discriminate against you in any way.

Position Title \_\_\_\_\_  Male  Female

Name (last, first, middle) \_\_\_\_\_

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ethnic Origin (see note below):

- White  Black  Hispanic  
 Asian or Pacific Islander  American Indian or Alaskan Native

**Note:** Ethnic origin is defined by the Federal Employment Opportunity Commission as follows:

White – (not of Hispanic origin) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East (includes all countries within the Arabian Peninsula; excluding countries within the Indian Subcontinent).

Black – (not of Hispanic origin) - Persons having origins in any of the Black racial groups of Africa.

Hispanic – Persons having origins in the original peoples of Spain and persons of Mexican, Puerto Rican, Cuban, and Central or South American, or other Spanish culture or origin, *regardless of race*.

Asian or Pacific Islander – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

American Indian or Alaskan Native – Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Veteran:  Yes  No

If yes, check here \_\_\_\_ if you are a Vietnam Era Veteran (served on active duty for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and were discharged with other than a dishonorable discharge).