Application For Employment

Ida County EMS 401 Moorehead Street Ida Grove, IA 51445 We are an Equal Opportunity Employer and committed to excellence through diversity. Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name						
Address		City	State	Zip		
Phone number		Email address		<u> </u>		
Are you legally eligible to work in the US? Yes □ No □		Are you a veteran? Yes No				
If selected for employment are you willing to submit to a background check? Yes \(\Boxed{\text{No}} \Boxed{\text{No}} \Boxed{\text{C}}						
Position						
Position you are applying for		Available start date		Desired pay		
Employment desired		☐ Part time	☐ Seasonal/Temporary			
Education						
Education School name	Location	Years attended	Degree received	Major		
	Location	Years attended	Degree received	Major		
	Location	Years attended	Degree received	Major		
	Location	Years attended	Degree received	Major		
			Degree received	Major		
School name			Degree received Company	Major		
School name References (business a		7)				
School name References (business a		7)				

Employment History						
Employer (1)	Job title		Dates employed			
Work phone	Starting pay rate		Ending pay rate			
Address	City	State	Zip			
Employer (2)	Job title		Dates employed			
Work phone	Starting pay rate		Ending pay rate			
Address	City	State	Zip			
Employer (3)	Job title		Dates employed			
Work phone	Starting pay rate		Ending pay rate			
Address	City	State	Zip			
Employer (4)	Job Title		Dates employed			
Work phone	Starting pay rate		Ending pay rate			
Address	City	State	Zip			
Employer (5)	Job title		Dates employed			
Work phone	Starting pay rate		Ending pay rate			
Address	City	State	Zip			
Signature Disclaimer						
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.						
Name (please print)	Signature					
Date						