

**THE HARDY COUNTY EMERGENCY AMBULANCE AUTHORITY
P. O. BOX 671
MOOREFIELD, WV 26836**

(An equal opportunity employer and service provider)

APPLICATION FOR EMPLOYMENT

Applicant Name: _____

Address: _____

City: _____ **State:** _____

Home Phone: _____ **Cell Phone:** _____

Email address: _____

.....
By completing and submitting this application I realize and agree to the following elements of employment if I am offered and accept a position. Please initial each item:

_____ I agree and acknowledge that the employer has the right to complete a criminal background check, a DHHR – Abuse and Neglect Check, and a DMV check to assure I meet the standards required by law to fulfill this position.

_____ That the workplace in a violence free place of employment and any confirmed cases of verbal or physical violence towards a patient, co-worker, supervisor, board member, or a community citizen will result in termination from employment.

_____ That this is a drug free workplace and that drug testing is permitted for any / all employees whenever it is reasonable as defined in the policy / procedure manual. Drug testing is required for all safety sensitive positions, pre-employment, random, or reasonable suspicion.

_____ I understand that my employment is AT-WILL and that we can terminate your employment or you may quit at any time with or without cause

_____ I understand this position requires working assigned schedule and may vary occasionally.

.....

Applicant Name: _____

Employment History

Employer	Dates (from-to)	Position	Reason for leaving

List below any skills or specialized training received during your education or employment

Skill	Date Completed

Applicant name: _____

References (please list past employers first then if needed due to limited employers you may list personal references but they may not be family members or persons living in your household) PLEASE LIST FIVE (three minimum)

Name	Indicate Work or Personal	Contact information

I agree by signing and submitting this application that all information is accurate- and that no information has been falsified or omitted and I authorize the agency to complete record checks and background screening for the purpose of determining eligibility for employment to include completing a E-VERIFY AS REQUIRED BY LAW.

Indicate the position for which you are applying

Applicant Signature: _____

Date: _____

Send application to:

THE HARDY COUNTY EMERGENCY AMBULANCE AUTHORITY
P. O. BOX 671
MOOREFIELD, WV 26836
Attn: Board President

Application received by: _____

Date: _____

Application HCEAA/ 03-2016 new/jss