



## **WISE COUNTY EMS**

1101 W. Rose Ave.  
Decatur , Texas 76234  
(940)627-2002 Fax (940)627-7521

We appreciate your interest in Wise County EMS. In an effort to increase the professionalism and to strive for excellence, Wise County EMS has incorporated a pre-employment program. The pre-employment criterion requires competency testing and background investigations.

This packet is the application and personal history statement. This packet must be completed in its entirety and returned the address noted above.

We will only accept applications during the specific dates the available position(s) is posted on our website [www.ems.co.wise.tx.us](http://www.ems.co.wise.tx.us).

After submission of the application and personal history statement, the applicant will be made aware of upcoming competency testing dates. The testing dates will also be posted on our website [www.ems.co.wise.tx.us](http://www.ems.co.wise.tx.us). No appointment is necessary for the competency testing. Arrive on the date and time as instructed or as posted on our website. When the applicant has successfully completed the competency testing, he or she will be placed on an eligibility list and advised of the next phase of the process.

Upon successful completion of all phases of the pre-employment process, an oral panel interview will be conducted. Based upon the cumulative results, a final eligibility list will be determined.

If you are applying for a PART-TIME position, Wise County EMS part-time employees are required to work a minimum of 20 hours per calendar month, but not to exceed 30 hours in a calendar week. Shifts are available via text notification from the supervisor on a first response basis. Most of the full-time positions are filled from our part-time employees dependent on department needs.

Wise County EMS would like to reiterate its goal to bring efficient and effective emergency medical services to Wise County, to increase the community's pride in the department and to promote professionalism and integrity within the department.

# APPLICATION FOR EMPLOYMENT AND PERSONAL HISTORY STATEMENT



NAME: \_\_\_\_\_

POSITION(S) APPLIED FOR:    PARAMEDIC            EMT            OTHER \_\_\_\_\_

WISE COUNTY EMS  
1101 W. ROSE AVENUE  
DECATUR, TX 76234

# IMPORTANT

## READ THESE INSTRUCTIONS CAREFULLY

These instructions are provided as a guide to assist you in properly completing your application and personal history statement for employment with Wise County EMS. **It is essential that the information be correct and complete.**

Your application and personal history statement for employment will be used as the basis for a background investigation that will determine your eligibility for the position for which you have applied.

1. Answer all questions completely. If a question does not apply to you, enter "N/A" (not applicable) in the space provided.
2. Avoid errors by reading the instructions carefully before making entries on the form. Be sure your information is correct and in sequence before you begin.
3. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification or find it in a directory. Your local library may have directory sources available. Include the area code for all phone numbers listed.
4. If there is insufficient space on the application and personal history statement for employment, attach extra sheets. Be sure to reference the relevant section and question before continuing your answers.

**Your failure to properly and thoroughly complete this document will result in the rejection of your application. Deliberate omissions or a deliberate misstatement of required information is grounds for rejection.**

**In addition to the application and personal history statement for employment, you are required to submit:**

- Copy of Drivers License
- Copy of Social Security Card
- TDSHS (TX Department of State Health Services) Certification
- National Registry Certification, if applicable.
- All Other Certifications: PEEP, ACLS, BTLS, PALS, CPR, etc.
- An official high school transcript and a copy of your diploma or GED, if completed within the past five (5) years and applicable.
- An official college transcript and a copy of any certifications or diploma, if applicable.
- Copy of Military Form DD214 (Discharge), if applicable.

If you have any questions concerning this required documentation or the instructions, please call the on-duty supervisor at 940-393-9720 or 940-627-2002, ext. 479.

**PERSONAL IDENTIFICATION**

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Other names used (Maiden, Adoption, Nicknames, etc.) \_\_\_\_\_

Name by which you prefer to be addressed \_\_\_\_\_

Home Address \_\_\_\_\_  
Number Street City State Zip

Mailing Address \_\_\_\_\_

Phones \_\_\_\_\_  
Cellular Home

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
E-mail address

Drivers License Number: \_\_\_\_\_  
Number Class Issuing State Expiration

**GENERAL INFORMATION**

Have you ever filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_

Have you ever been employed with Wise County previously?  Yes  No

If yes, give dates: \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No **(Proof of citizenship or immigration status will be required upon employment.)**

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last seven years?  Yes  No  
 (Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: \_\_\_\_\_

Indicate languages you speak, read, and or write and classify your skill:

	<b>FLUENT</b>	<b>GOOD</b>	<b>FAIR</b>
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

**EDUCATIONAL HISTORY**

List all Colleges, Technological or Trade Schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

If you are listing colleges and universities and you did not graduate, indicate the number of credit hours you are credited with.

If you attended a technological or trade school, indicate your course of study and if you were awarded a diploma or certificate.

NAME AND TYPE OF SCHOOL (List City and State)	DATES ATTENDED FROM TO		DEGREE, DIPLOMA, AND/OR CREDIT HOURS EARNED

List professional, trade or business activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status.)

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Summarize special skills and qualifications acquired from employment.

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**MILITARY SERVICE**

Veteran of U.S. Military service?    Yes    No     If yes, which branch? \_\_\_\_\_

**DRIVING RECORD**

How many moving violation citations have you received in the past 5 years? \_\_\_\_\_

How many traffic accidents have you been involved in the past 5 years as the driver? \_\_\_\_\_

Have you ever driven a motor vehicle without a valid driver’s license for that vehicle?    Yes    No

Have you ever driven a motor vehicle within the past 3 years without valid insurance?    Yes    No

Have you ever had your driver’s license suspended?    Yes    No

If YES:   Date of Suspension       /    /                          Date Suspension lifted:     /    /      
  MM                        DD                        YYYY    MM                        DD                        YYYY

Type of suspension: \_\_\_\_\_

Have you ever:

Had your driver’s license placed on probation for receiving an excessive number of moving violations?  
 Yes    No

Had a hearing for probation or suspension?    Yes    No

Been placed on assigned risk for insurance?    Yes    No

Had your insurance revoked due to the number of traffic citations you have received?    Yes    No

Knowingly driven a motor vehicle after your driver’s license was suspended or after it had been revoked?  
 Yes    No

Do you have a valid driver’s license issued in more than one state?    Yes    No

If YES, list state(s): \_\_\_\_\_

Have you ever been denied a driver’s license for any reason?    Yes    No

## **EMPLOYMENT HISTORY**

Beginning with your PRESENT or MOST RECENT job, list all jobs that you have held, including part-time, temporary, or seasonal positions. You may photocopy page 8 if you need additional pages. (Jobs are considered as any position you accepted pay, regardless of the length of the job.)

**IF THIS IS YOUR PRESENT EMPLOYER, MAY WE CONTACT?**  Yes  No

Full-time  Part-time  Seasonal

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_  
Area Code and Number Alternate Area Code and Number

Employment Dates: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Month / Date / Year Month / Date / Year

Position(s) held with company: (List duties and responsibilities also)

Title: \_\_\_\_\_

Duties and Responsibilities:

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Did you receive job performance evaluations while with this company?  Yes  No

Are you eligible for re-hire?  Yes  No

Name of Final Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was notice given?  Yes  No If YES, how much? \_\_\_\_\_

INVESTIGATOR NOTES

**EMPLOYMENT HISTORY, continued.**

**IF THIS IS YOUR PRESENT EMPLOYER, MAY WE CONTACT?**  Yes  No

Full-time  Part-time  Seasonal

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_  
Area Code and Number Alternate Area Code and Number

Employment Dates: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Month / Date / Year Month / Date / Year

Position(s) held with company: (List duties and responsibilities also)

Title: \_\_\_\_\_

Duties and Responsibilities:

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

Did you receive job performance evaluations while with this company?  Yes  No

Are you eligible for re-hire?  Yes  No

Name of Final Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was notice given?  Yes  No If YES, how much? \_\_\_\_\_

INVESTIGATOR NOTES

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



**EMPLOYMENT HISTORY, continued.**

**IF THIS IS YOUR PRESENT EMPLOYER, MAY WE CONTACT?**  Yes  No

Full-time  Part-time  Seasonal

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_  
Area Code and Number Alternate Area Code and Number

Employment Dates: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Month / Date / Year Month / Date / Year

Position(s) held with company: (List duties and responsibilities also)

Title: \_\_\_\_\_

Duties and Responsibilities:

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

Did you receive job performance evaluations while with this company?  Yes  No

Are you eligible for re-hire?  Yes  No

Name of Final Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was notice given?  Yes  No If YES, how much? \_\_\_\_\_

INVESTIGATOR NOTES

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

**EMPLOYMENT HISTORY, continued.**

**IF THIS IS YOUR PRESENT EMPLOYER, MAY WE CONTACT?**  Yes  No

Full-time  Part-time  Seasonal

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_  
Area Code and Number Alternate Area Code and Number

Employment Dates: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Month / Date / Year Month / Date / Year

Position(s) held with company: (List duties and responsibilities also)

Title: \_\_\_\_\_

Duties and Responsibilities:

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

Did you receive job performance evaluations while with this company?  Yes  No

Are you eligible for re-hire?  Yes  No

Name of Final Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was notice given?  Yes  No If YES, how much? \_\_\_\_\_

INVESTIGATOR NOTES

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

**EMPLOYMENT HISTORY, continued.**

**IF THIS IS YOUR PRESENT EMPLOYER, MAY WE CONTACT?**  Yes  No

Full-time  Part-time  Seasonal

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_  
Area Code and Number Alternate Area Code and Number

Employment Dates: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Month / Date / Year Month / Date / Year

Position(s) held with company: (List duties and responsibilities also)

Title: \_\_\_\_\_

Duties and Responsibilities:

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

Did you receive job performance evaluations while with this company?  Yes  No

Are you eligible for re-hire?  Yes  No

Name of Final Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Was notice given?  Yes  No If YES, how much? \_\_\_\_\_

INVESTIGATOR NOTES

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

## **BUSINESS REFERNCES**

List three (3) persons who know you well enough to provide information about your work history.

1	Name	Occupation
	Home Address	Years Known
	Phone Number	
	Describe your relationship with this person	

2	Name	Occupation
	Home Address	Years Known
	Phone Number	
	Describe your relationship with this person	

3	Name	Occupation
	Home Address	Years Known
	Phone Number	
	Describe your relationship with this person	

**RESIDENCES**

List all residences where you have lived during the past seven (7) years, beginning with your present address. List date by month and year. Attach additional pages, if necessary. Include apartment complex names and the office telephone numbers.

**From** \_\_\_\_\_ to \_\_\_\_\_ Length of residency (years/months) \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Name of Apartment Complex: \_\_\_\_\_ Phone: \_\_\_\_\_

**From** \_\_\_\_\_ to \_\_\_\_\_ Length of residency (years/months) \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Name of Apartment Complex: \_\_\_\_\_ Phone: \_\_\_\_\_

**From** \_\_\_\_\_ to \_\_\_\_\_ Length of residency (years/months) \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Name of Apartment Complex: \_\_\_\_\_ Phone: \_\_\_\_\_

**From** \_\_\_\_\_ to \_\_\_\_\_ Length of residency (years/months) \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Name of Apartment Complex: \_\_\_\_\_ Phone: \_\_\_\_\_

**From** \_\_\_\_\_ to \_\_\_\_\_ Length of residency (years/months) \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Name of Apartment Complex: \_\_\_\_\_ Phone: \_\_\_\_\_

**From** \_\_\_\_\_ to \_\_\_\_\_ Length of residency (years/months) \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Name of Apartment Complex: \_\_\_\_\_ Phone: \_\_\_\_\_

**From** \_\_\_\_\_ to \_\_\_\_\_ Length of residency (years/months) \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Name of Apartment Complex: \_\_\_\_\_ Phone: \_\_\_\_\_

## **STATEMENT OF CERTIFICATION**

**I understand that no employment contract either expressed or implied is created should I be hired by Wise County. I understand that I will be required to pass a drug and/or alcohol test, as well as a physical prior to employment. I give my consent to Wise County to conduct a background investigation including reference checks, criminal searches and verification of credentials.**

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant Wise County permission to verify such answers. I understand that any false statement on this application and personal history statement may be considered sufficient cause for rejection of this application, or dismissal if such false statement of this application is discovered subsequent to my employment.

All applicants accepted for employment with Wise County must provide proof of identification and proof of eligibility to work in the United States within 3 days of employment.

All Wise County employees ***MUST*** have a checking account available for direct deposit of payroll proceeds. There are no exceptions to this policy.

I understand that if hired, Wise County or I may terminate my employment at any time for any reason with or without notice.

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Signature

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Date

**WISE COUNTY  
AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK**

STATE OF TEXAS    §

COUNTY OF WISE    §

I hereby **CONSENT** for **WISE COUNTY** to run a Criminal Background check as to any arrest or conviction records that exist and/or review of my past driving record. I **FURTHER CONSENT** to **WISE COUNTY** to make the results of such criminal background check or past driving record available to my prospective supervisor/employer.

I hereby **RELEASE WISE COUNTY**, its officers and employees, from any and all claims which otherwise have due to the results being made so available without my consent. I hereby **COVENANT NOT TO FILE ANY ACTION** at law or in equity against **WISE COUNTY** and their respective elected officials or employees in connection with the results of such criminal background check and/or driving record being made available, including an action based on the negligence of any party, and I hereby agree to **INDEMNIFY** and **SAVE HARMLESS WISE COUNTY**, its elected officials and employees.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME PRINTED

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER AND STATE

\_\_\_\_\_  
ADDRESS

CITY

STATE

ZIP

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

## APPLICANT DATA RECORD

Wise County EMS considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, the presence of non-job-related medical conditions or handicap, or any other legally protected status.

As employers, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government regulations, we request that you fill out the Applicant Data Record. We appreciate your cooperation.

### Your cooperation is voluntary.

Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Referral source:       Advertisement                       Friend                       Relative  
                                     Walk-in                       Employment Agency       Other

Name: \_\_\_\_\_  
                                    Last                                      First                                      Middle

Address: \_\_\_\_\_  
                                    Number      Street                                      City                                      State      Zip

### **VOLUNTARY SURVEY**

Government agencies at times require periodic reports on sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only.

***Submission of information is voluntary.***

*Check one:*

Male       Female

*Check one:*

White       Black / African American       Hispanic / Latino       Multiracial  
 American Indian / Alaska Native     Asian       Native Hawaiian / Pacific Islander       Other