Robertson County EMS
EMERGENCY MEDICAL SERVICES

1305 HILL STREET - SPRINGFIELD, TN 37172 615-384-2186 Fax 615-384-1293

APPLICATION INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment#	
City	State	ZIP	
Phone	Email Address		
Date Available	Social Security #	Desired Pay	
Position applied for:			
Are you a citizen of the United States? YES ☐ NO ☐	If no, are you authorized to work in the U.S.? YES ☐ NO ☐		
Have you ever worked for this agency? YES ☐ NO ☐	If so, when?		
Have you ever been convicted of a felony? YES ☐ NO ☐	If yes,explain		

EDUCATION		
High School	Address	
From To	Did you graduate? YES ☐ NO ☐	Degree
College	Address	
From To	Did you graduate? YES ☐ NO ☐	Degree
Other	Address	
From To	Did you graduate? YES ☐ NO ☐	Degree

REFERENCES	
Please list three professional references	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

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PREVIOUS EMPLOYMENT

Company		Phone ( )
Address		Supervisor
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		
Company		Phone ( )
Address		Supervisor
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		
Company		Phone ( )
Address		Supervisor
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		

MILITARY SERVICE

Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain.	

DISCLAIMER SIGNATURE

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 release.

Signature:	Date:



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I hereby consent to submit to urinalysis and/or other test as shall be determined by Robertson County EMS in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Workforce Essentials may collect these specimens for the tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results to said test to the agency.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at this company.

I further agree to hold harmless the agency and its agents (including the above-named clinic) from any liability arising in whole or part out of the collection of the specimens, testing, and the use of the information from said testing in connection with the Agency's consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Name Print: _____

Applicant Signature: _____

Date: _____ SSN: _____

Print

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We are and equal opportunity employer, dedicated to a policy of nondiscrimination employment on any basis including age, sex, color race, creed, national origin, religious persuasion, marital status, political beliefs, or disability that does not prohibit performance of essential job functions.

Federal law prohibits the employment of unauthorized aliens, and therefore, all persons must submit proof of identity such as a valid driver's license, birth certificate, green card, etc. with this application. Failure to submit proof will result in non-consideration of this application.

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BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, Robertson County EMS will order a “consumer report” (a background report) or “investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes. The background check company will prepare the background report for the Company. The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker’s compensation injuries. Workers’ compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An “investigative consumer report” is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by the Background Check Company or another outside organization. You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on A Summary of Your Rights Under the Fair Credit Reporting Act and A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22 for California residents.

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

CALIFORNIA: You may view the file that the Background Check Company has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. The Background Check Company can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for the Background Check Company. You will get this information within 5 business days of our receipt of your request. You have the right to ask the Background Check Company for a free copy of the report.

MARYLAND: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

MASSACHUSETTS/NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from the Background Check Company. You may inspect and order a free copy of the report by contacting the Background Check Company.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.



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NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from the Background Check Company, and you will be provided with the name and address of the Background Check Company. You may inspect and order a free copy of the reports by contacting the Background Check Company. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

OREGON: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

WASHINGTON STATE: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask the Background Check Company for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

Form Made Fillable by eForms

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AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to the Background Check Company and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to the Background Check Company and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than the Background Check Company without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report: ☐

Signature:_____Date: _____