



APPLICATION: KEY LARGO EMERGENCY MEDICAL SERVICES

PHONE (305) 451-2766 FAX (305) 451-1562 • 98600 OVERSEAS HIGHWAY ~ KEY LARGO, FL 33037 manager@keylargoems.com

APPLICATION FOR (POSITION): _____

Date: _____

PERSONAL INFO

NAME _____ SOCIAL SEC. NUMBER _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE: HOME: (_____) CELL: (_____) OTHER: (_____)

EMAIL _____ Emergency Contact Name: _____ Phone: _____

If hired, or approved for Volunteer status, Federal Law requires you to furnish documentation proving your identity and that you are legally authorized to work in the United States. You must furnish your social security card, and one of the following documents within 72 hours of being approved as a member: Driver's license, or state issued ID card with photo, School ID card with photo, Current INS Forms with employment authorization stamp, US passport, Voter's registration card, US military card or other draft card, Unexpired foreign passport with employment authorization. (In place of a social security card, the following documents are also acceptable: an original or certified copy of a US birth certificate, or Department of State forms FS-545 or DS-1350 or INS forms 1-327, 1-571, 1-197, 1-179.

EDUCATION

	NAME/LOCATION OF SCHOOL	YEAR ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
FIRE OR EMS TRAINING OR EXPERIENCE				

Exact Name on Driver's License _____ Driver's Lic. No. _____

Auto Insurance Company _____ Policy # _____

Any Moving Violations in past 3 years? Y N Have you ever been convicted of a felony? Y N If yes: Please explain on back of application.

ARE YOU RELATED TO ANYONE in our Department? Y N State Name and Relationship: _____

EMPLOYMENT

FORMER EMPLOYERS (LIST BELOW STARTING WITH MOST RECENT JOB FIRST)

DATE FROM/TO (Mo./Year)	NAME AND PHONE NUMBER of Employer	POSITION	REASON FOR LEAVING

REFERENCES

PLEASE LIST BELOW THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST THREE YEARS

	NAME	ADDRESS	PHONE	RELATIONSHIP
1				
2				
3				

Please include copies of your

- Driver's License
 - EMT, EMT-P, Certification
 - Automobile Insurance
 - this signed Application
- If you have the following...please include them as well.*
- CPR Card
 - Emergency Vehicle Operations Certificate (EVOC)

KEY LARGO EMERGENCY MEDICAL SERVICES: BACKGROUND CHECK AUTHORIZATION

Please be aware that as an applicant for membership with the Key Largo Volunteer Ambulance Corps, Inc., an outstanding warrant/background check will be obtained on you pursuant to standard operating procedures. Should any negative/derogatory information be reported, the department has the option to withdraw its membership offer, or if already a member, terminate your membership. This information shall be restricted to only authorized department personnel. In addition to a background check, KLVAC will also request a transcript of your driving record from the State of Florida Department of Highway Safety and Motor Vehicles. As indicated by my signature below, I have read, understand and agree to having a warrant/background check and to the terms stated above.

The facts set forth in my application are true and complete. I understand that false statements of omission of information on this application, resume, or other applicant information provided may be considered sufficient reason for dismissal.

Applicant's Signature _____

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