



Birchwood Four Corners Emergency Services District

Employment Application – Emergency Medical Services

Birchwood Four Corners Emergency Services District is an Equal Opportunity Employer.

Applicant Information

Full Legal Name: _____

Preferred Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Availability

Are you applying for:

- ☐ Full-Time
- ☐ Part-Time

Are you willing to respond to emergency calls during nights, weekends, and holidays?

☐ Yes ☐ No

EMS Certification & Licensure

Level of Certification:

- ☐ EMR
- ☐ EMT
- ☐ AEMT
- ☐ Paramedic

☐ Other

State of Licensure: _____

License Number: _____

Expiration Date: _____

NREMT Certification Number (if applicable): _____

Expiration Date: _____

CPR Certification Type (BLS/ACLS/PALS): _____

Expiration Date: _____

Employment Experience

List most recent employment first:

Employer #1

Agency Name: _____

Location: _____

Position Held: _____

Dates Employed: _____ to _____

Supervisor Name/Phone: _____

Reason for Leaving: _____

Can we contact this employer? ☐ Yes ☐ No

Employer #2

Agency Name: _____

Location: _____

Position Held: _____

Dates Employed: _____ to _____

Supervisor Name/Phone: _____

Reason for Leaving:

Can we contact this employer? ☐ Yes ☐ No

Employer #3

Agency Name: _____

Location: _____

Position Held: _____

Dates Employed: _____ to _____

Supervisor Name/Phone: _____

Reason for Leaving:

Can we contact this employer? ☐ Yes ☐ No

Clinical & Operational Experience

Please check all that apply:

- ☐ 911 Emergency Response
- ☐ Interfacility Transport
- ☐ Critical Care Transport
- ☐ Electronic Patient Care Reporting (ePCR)
- ☐ 12-Lead ECG Acquisition & Transmission
- ☐ IV/IO Access
- ☐ Medication Administration
- ☐ Rural EMS Operations
- ☐ Incident Command Participation

Briefly describe your experience in emergency medical services:

Physical Requirements

This position requires the ability to:

- Lift and carry patients in excess of 125 lbs with assistance
- Perform CPR
- Work in adverse weather conditions
- Function in high-stress environments
- Operate emergency vehicles

Are you able to perform these essential job functions with or without reasonable accommodation?

☐ Yes ☐ No

If accommodation is needed, please describe:

Background & Compliance

Are you willing to submit to:

- ☐ Criminal background check
- ☐ Drug screening
- ☐ Pre-employment physical (if required)
- ☐ HIPAA compliance training
- ☐ Continuing education requirements

Professional References

Please list three professional references (not family members):

1. Name: _____
Relationship: _____
Phone: _____
2. Name: _____
Relationship: _____
Phone: _____
3. Name: _____
Relationship: _____
Phone: _____

Applicant Statement

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that falsification or omission of information may result in disqualification from employment or termination if hired.

I authorize Birchwood Four Corners Emergency Services District to verify information, contact references, conduct background checks, and review driving records as part of the employment process.

I understand that employment, if offered, is subject to district policies, procedures, and probationary requirements.

Applicant Signature: _____

Date: _____