



Granbury Hood County
Emergency Medical Services, Inc.
2200 Commercial Lane
Granbury, TX 76048

Please print in ink or use typewriter. Attach extra sheets of paper when necessary. **Read and answer all questions completely.**

Position or department applying for: _____

A. APPLICANT IDENTIFICATION

1. Name: _____

2. Address: _____

3. Telephone Number: Area Code () _____

4. Social Security Number: _____ Date of Birth: _____

5. Are you authorized to work in this Country? ()Yes ()No

6. Driver's License: Type: _____ Number: _____ State: _____

7. E-Mail Address _____

B. RESIDENSES: List all addresses where you have lived during the past 5 years, beginning with present address. List date by month and year. Attach extra page if necessary.

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

C. MILITARY RECORD

1. Have you served in the U.S. Armed Forces? ()Yes ()No

2. Date of Service: From _____ To _____ Branch _____

3. Highest Rank Held: _____

4. Type of Discharge: (Attach Copy) _____

D. **EDUCATION**

- 1. Did you complete High School or G.E.D.? () Yes () No
 (Attach copy of diploma or other document)

High School Attended _____ City & State _____ Graduated?

- 2. College or University Attended: _____

Units Completed: _____ Major/Minor _____

Degree received: (Attach Copy) _____

- 3. List other schools attended (trade, vocations, business), give name and address, dates Attended, course of study, and other pertinent information.

E. **SPECIAL QUALIFICATIONS**

- 1. List any specialized equipment or machinery you can operate:

- 2. List any craft or trade for which you have completed an apprenticeship:

- 3. List names of any professional organization of which you are a member:

F. **CONVICTIONS, DETENTIONS, AND TRAFFIC RECORD**

- 1. Specify all convictions. State, date, court, nature of offense, and disposition:

- 2. Has your driver's license ever been suspended or revoked? () Yes () No

- 3. List all traffic citations you have received excluding parking tickets:

G. **PERSONAL REFERENCES**

Give name, address, and phone number of three persons other than relatives, who have knowledge of your character, experience, or ability: **(This must be filled out completely)**

H. **WORK HISTORY:** Beginning with your present or most recent job, list all employment, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra sheets of paper if necessary.

YOU MUST COMPLETE ALL BLANKS WITH INFORMATION REQUESTED.

May we contact your present employer? ()Yes ()No

1. From _____ To _____ Employer _____

Address(number/street/city/state/zip) _____

Phone Number _____ Job Title _____

Supervisor _____ Reason for leaving _____

2. From _____ To _____ Employer _____

Address(number/street/city/state/zip) _____

Phone Number _____ Job Title _____

Supervisor _____ Reason for leaving _____

3. From _____ To _____ Employer _____

Address(number/street/city/state/zip) _____

Phone Number _____ Job Title _____

Supervisor _____ Reason for leaving _____

4. From _____ To _____ Employer _____

Address(number/street/city/state/zip) _____

Phone Number _____ Job Title _____

Supervisor _____ Reason for leaving _____

CERTIFICATION

I hereby certify that the information I have provided is true and correct to the best of my knowledge and belief. I authorize Granbury Hood County E.M.S., Inc. to investigate my employment and personal history, including an inquiry, concerning information on my character, general reputation, credit, personal characteristics and mode of living, if appropriate. In connection with this investigation, I authorize all corporations, companies, credit agencies, educational institutions, persona, law enforcement agencies and former employees to release information they may have about me and release them from any liability or responsibility from doing so. This authorization, in original or copy form, shall be valid for this and any future investigation conducted by the company. I am aware that pursuant to the Fair Credit Reporting Act, if I am denied employment based on a report by a consumer reporting agency, the Company will furnish the name and address of such agency upon my written request.

I understand that this application is not an employment agreement, and that no employment is being offered to me in this application. If I am offered employment, I understand that my employment relationship with Granbury/Hood Co. EMS, Inc. will be governed by the at-will doctrine. I understand that under the at-will doctrine, Granbury/Hood Co. EMS, Inc. is allowed to change my wages, benefits, and other conditions of employment at any time. I also understand that under the at-will doctrine, I may terminate my job with Granbury/Hood Co. EMS, Inc. at any time for any reason.

Applicant Printed Name: _____

Social Security Number: _____ Date of Birth: _____

Applicant Signature: _____ Date: _____

COMPLETED APPLICATION SHOULD BE RETURNED TO:

**Granbury Hood County E.M.S., Inc.
2200 Commercial Lane
Granbury, TX 76048**