

# BRADFORD COUNTY EMERGENCY SERVICES

## EMPLOYMENT APPLICATION



NAME \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

**Please fill out all information requested and include appropriate documentation with this employment application.**

### FOR OFFICE USE ONLY

When was applicant called for an interview? Date \_\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_:\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_:\_\_\_\_

Date that letter was sent to the applicant to schedule an interview? \_\_\_\_\_

Did applicant respond to letter?    \_\_\_ YES    \_\_\_ NO

Was Applicant Contacted?            \_\_\_ YES    \_\_\_ NO

Did Applicant decline interview?    \_\_\_ YES    \_\_\_ NO



## EXPERIENCE

*Start with your present or last job and work back. Include paid or unpaid, full or part-time, military, summer jobs.  
Is it OK if we check with your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_*

*Note: We may contact any previous employer to verify your description of past duties.*

|                 |               |  |  |
|-----------------|---------------|--|--|
| Starting Date   | Ending Date   | Name and address of Present or last Employer |  |
| Starting Salary | Ending Salary | Hours per week                               | Name and Phone number of last Supervisor |

Reason for leaving \_\_\_\_\_

Description of duties and responsibilities \_\_\_\_\_

|                 |               |  |  |
|-----------------|---------------|--|--|
| Starting Date   | Ending Date   | Name and address of Present or last Employer |  |
| Starting Salary | Ending Salary | Hours per week                               | Name and Phone number of last Supervisor |

Reason for leaving \_\_\_\_\_

Description of duties and responsibilities \_\_\_\_\_

|                 |               |  |  |
|-----------------|---------------|--|--|
| Starting Date   | Ending Date   | Name and address of Present or last Employer |  |
| Starting Salary | Ending Salary | Hours per week                               | Name and Phone number of last Supervisor |

Reason for leaving \_\_\_\_\_

Description of duties and responsibilities \_\_\_\_\_

## Additional Information

### List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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**CERTIFICATION: I certify that all of the statements made in this statement are true, complete and correct, to the best of my knowledge and belief and are made in good faith.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### Do you claim veterans' preference\*

Based on active duty during wartime era?

(A) YES \_\_\_\_\_ NO \_\_\_\_\_

As a veteran with a compensable service-connected disability?

(B) YES \_\_\_\_\_ NO \_\_\_\_\_

As the unremarried spouse of a veteran who was killed in action or who died of a service-connected disability?

(C) YES \_\_\_\_\_ NO \_\_\_\_\_

As the spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a person missing in action, captured, or forcibly detained by a foreign power?

(D) YES \_\_\_\_\_ NO \_\_\_\_\_

(Chapter 205 Florida Statutes, excludes retired military persons from veterans' preference points.)

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Date of Service

\_\_\_\_\_  
Date of Discharge

Please include a copy of your Paramedic/EMT license, BLS/ACLS Provider Card, EVOC, HIV/AIDS Training Certification, Hazardous Materials Awareness, Fire Standards (if applicable), Social Security Card and Driver's license.