



Paradise Emergency Services

2300 East M-113
Kingsley, MI, 49649
(231) 276-9354



Application for Employment

Position applying for: _____ Date of Application: ____/____/____

Looking for: Full-Time Part-Time Part-Paid (*Paid-On-Call*)

Full Name: _____ E-mail _____

Street Address _____ City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____ - _____ Cell Phone: (____) _____ - _____

How did you Learn about us? _____

Have you ever been employed with us before? Yes No If yes, when? _____ to _____

Are you currently employed? Yes No Where? _____ Title: _____

May we contact your present employer? Yes No

Supervisor's Name: _____ Supervisor's Telephone Number: (____) _____ - _____

On what date would you be available for work? ____/____/____

Are you currently on "lay-off" status and subject to recall? Yes No

Are you a Veteran of the United Armed Forces? Yes No

If yes, what skills/training did you have that may relate to the position you are applying for? _____

What applicable Certifications and Licenses do you current hold? (*Please do not list expired certs/licenses*)

If applying for part-time and/or paid on call , which shifts would you be available to work? (check all that apply)

- Any Available Shifts Week Days Week-ends
- Overnight Shifts 24hr Shifts

Minimum Resume Expectation

Please minimally include the topics of Name, Education, Work Experience, Licenses, Certifications, and references in your resume.

(All offers of employment will be conditional upon verification of work history, education, licensures, references, credit/criminal back-ground checks, driving history, medical release, and drug screenings.)

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REQUEST FOR AND AUTHORITY TO RELEASE INFORMATION

This is to request that any information concerning the following matters be provided to the Township of Paradise or its designated representative, upon presentation of this release or a copy thereof, and within one year of its date.

I request that the custodian of records in each instance permit the record to be examined, copied or otherwise reviewed, and hereby release any such institution or organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, any heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

1. Record of any medical treatment or history of any treatment for mental illness.
2. Transcript of scholastic record, including any record of disciplinary action while attending any school, college, university or other educational institution.
3. Record pertaining to all employment including service in the armed forces of the United States and record of any disciplinary action, court-martial or official reprimands while so employed.
4. Record of any derogatory information concerning my loyalty to this country, or any other information that would negatively affect my handling classified or confidential information.
5. Record of credit history.
6. Release of criminal records.
7. Release of driving record.

Print Full Name: _____

Please Sign: _____

Social Security Number: _____ - _____ - _____

Drivers License State: _____ DL#: _____ EXP: _____

Date of Birth: ____/____/_____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 90 days. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time with or without cause. It is further understood that this "at will" employment relationship may not be challenged by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment I understand that false or misleading information given on my application, resume or interview (s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant

Date

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