



Dorchester County Government

EMS EMPLOYMENT APPLICATION

Please mail completed applications (unless otherwise stated in the job announcement) to: Human Resources, 501 Court Lane, Room 103, Cambridge, MD 21613. This application is a part of the hiring process and applicants must complete ALL sections to be considered a qualified applicant, even if a resume is attached. We are an Equal Opportunity Employer.

Applicant Questionnaire:

Full name:	_____	Date:	_____
	<i>Last First M.I.</i>		
Address:	_____	Home Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	Mobile Phone:	_____
	<i>City State Zip Code</i>		
		Email:	_____
Position:	_____	Dept.	_____
		Desired salary:	\$ _____

<i>I have read and understood the job description, and I confirm that my qualifications align with the responsibilities and requirements of this position.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Are you legally authorized to work in the United States?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Proof of citizenship or immigration status will be required upon employment.</i>
<i>Are you at least 18 years of age?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Do you possess a valid driver's license?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Are you willing to take the workplace scenario skills assessment and driver's evaluation?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Have you ever worked for Dorchester County?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes, when?</i> _____
<i>Do you currently have any relatives employed by Dorchester County?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes, please provide name(s):</i> _____

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

Yes No

Do you understand maintaining all certifications prior to expiration will be required?

Yes No

Emergency Vehicle Operations (EVOC):

Have you successfully completed the Emergency Vehicle Operator Course (EVOC) certification?

Yes No

If not, are you willing to complete it within the first six months of employment?

Yes No

Are you willing to participate in ongoing EVOC skill assessments or refresher courses to maintain certification throughout your employment?

Yes No

If you have answered "no" to any of the above questions, you may not be eligible for employment with the Dorchester County Emergency Medical Services department.

Shift Availability:

Are you willing to work shift work?

Yes No

Do you understand that our current shifts are 24-hour shifts?

Yes No

Are you willing to work weekends and holidays?

Yes No

Do you understand that you may be assigned to any shift or station?

Yes No

Are you available to work on a full-time or part-time basis?

Full-time Part-time

Can you travel if the job requires it?

Yes No

Are you currently certified as an Emergency Medical Technician, CRT, or Paramedic?

Yes No

On what date are you available for work?

If you have answered "no" to any of the above questions, you may not be eligible for employment with the Dorchester County Emergency Medical Services department.

Education:

High school: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma/ GED: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Specialized Training/Certifications:

Program/Certification	Company/School	Dates Attended	Certificate/Diploma

Please submit a copy of a relevant professional or trade license/certificate with this application. For positions requiring a driver's license, please attach a copy of the license.

Please describe any specialized training, apprenticeship, skills, and extra-curricular activities that may be relevant for the position you are applying for:

Describe here:

Are you fluent in any language other than English? Yes No

If yes, what language(s)? _____

References

Please list three professional references.

Full name:	_____	Relationship :	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship :	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship :	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Employment:

Beginning with your current or most recent position, please list all your work experience below (including volunteer activities). If your title changes in the course of your service in any one organization, please indicate such changes as separate employment. **A resume will not take place of this portion of the application.** Please be sure that the information included in this section demonstrates that you have the minimum experience and qualifications for the applied position.

Employer:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous employer for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Employer:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous employer for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Employer:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous employer for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Employer:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous employer for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job title: _____ From: _____ To: _____
Responsibilities: _____

May we contact your previous employer for a reference?

Yes No

Employer: _____ Phone: _____
Address: _____ Supervisor: _____
Job title: _____ From: _____ To: _____
Responsibilities: _____

May we contact your previous employer for a reference?

Yes No

Military Service:

Branch: _____ From: _____ To: _____
Rank at discharge: _____ Type of discharge: _____
If other than honorable, explain: _____

Please describe any job-related training received in the United States military that may be relevant for the applied position:

Describe here:

EEO Statement:

Dorchester County Government provides equal employment opportunities to all employees and applicants by prohibiting discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

ADA Statement:

As an equal opportunity employer, Dorchester County Government is committed to providing equal employment opportunities to all individuals — including qualified individuals with disabilities, in compliance with the Americans with Disabilities Act (ADA). In accordance with the ADA, Dorchester County Government will provide reasonable accommodations to qualified employees and applicants with disabilities, unless doing so would result in undue hardship. If you require an accommodation to apply for a position or to perform the essential functions of your job, please contact the Human Resources Department at (410) 901-2406. Dorchester County Government does not discriminate against individuals on the basis of disability in hiring, promotions, compensation, or any other terms or conditions of employment. We are committed to working with you to identify and implement any necessary accommodations.

Disclaimer and Signature:

I certify that my answers are true and complete to the best of my knowledge.

I authorize Dorchester County to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Checklist:

Please attach copies of the following with your application:

- Valid driver's license
- Highest Maryland and national certifications
- All certifications related to EMS
- High school diploma

Thank you for applying to Dorchester County's Emergency Medical Services!

We appreciate your interest in the position and will carefully review your application. Should your qualifications align with our requirements, we will contact you for further steps.