

DeSoto Parish Emergency Medical Service

P. O. Box 863
231 EMS Circle
Mansfield, LA 71052

desotoems@bellsouth.net
office 318-872-5997
fax 318-872-5339

You must be age
21 to apply.

Application for Employment

App rec'd on

current 11-6-15

Please print.

Date _____

Name _____	_____	_____
First	Middle	Last

Address	Mailing _____	Physical _____	
	City _____	State _____	Zip _____

Social Security number _____ - _____ - _____	Race _____	Sex _____
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➤ I am applying for the position I checked below. Add registry # if applicable.

___ Dispatcher	___ Paramedic	___ EMT/basic	___ Intermediate/Advanced
	#	#	#
new LA state #:	LA	LA	LA

Date of birth / /	Driver's License #
Phone (home)	Type ___ Expiration date _____
Phone (cell)	*CIRCLE: chauffeur's commercial
Phone (work)	State that issued license:

*Dispatch applicants do not have to hold a chauffeur's or commercial driver's license.
Employees on medic units must – **do not submit application with a personal license.** ←

➔ e-mail address _____

I communicate with you via e-mail. Print legibly.

➤ Have you ever received a traffic citation?	If yes, explain below.
Date	
Date	
Date	

➤ Misdemeanor and felony convictions – List below.	
Date	
Date	

➤ Person to be notified in case of emergency.			
Name	Address		
Phone	City	St	Zip

➤ **Educational Background – fill out all that applies to you.**

• High School		Address		City	State
Dates attended		Graduated ?		Completed GED	Date
from	to	yes	no	requirements	State of

• Technical School		Address		City	State
Dates attended		Graduated ?		Certification	Date
from	to	yes	no	received	Degree

• College		Address		City	State
Dates attended		Graduated ?		Certification	Date
from	to	yes	no	received	Degree

	Check here if you are currently attending college classes.
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➤ **Emergency medical service experience, certifications, training, etc.**

Certification earned EMT- basic	National Registry #	Instructor
Date certified	LA Registry #	School
Years of experience		

Certification earned Intermediate/Advanced	National Registry #	Instructor
Date certified	LA Registry #	School
Years of experience		

Certification earned Paramedic	National Registry #	Instructor
Date certified	LA Registry #	School
Years of experience		

Include copies if you have them already: **LA Ethics Certificate** and **National Incident Management System (NIMS)** certificates.
You can complete them within 90 days if you're hired.

required *	date	date
NIMS 700*	NIMS	LA State Ethics Certificate
NIMS 100*	NIMS	Date:
NIMS 800*	NIMS	This is required if you are hired by DEMS (gov't entity).
NIMS 200*	NIMS	

➤ **Employment History**

Most recent or current employer should be listed first:

Dates		Current employer information		
from	to	Name	address	
Phone number		city	state	
Supervisor				
Reason for leaving				

Dates		Former employer information		
from	to	Name	address	
Phone number		city	state	
Supervisor				
Reason for leaving				

Dates		Former employer information		
from	to	Name	address	
Phone number		city	state	
Supervisor				
Reason for leaving				

Does DeSoto EMS have your permission to contact your previous employers?	Check one of the following:	Yes	No
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➤ **References:** List 2 persons (not relatives) who can give current or former information about you. **Must include phone number.**

Name	Phone
Address	City
State	
Relationship you have with this person:	

Name	Phone
Address	City
State	
Relationship you have with this person:	

• Do you have any physical or emotional condition that might limit your performance in your job?	Yes	No
If yes, explain:		

How were you referred to DeSoto EMS?	
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- **Please submit copies** of the following items with your completed application.
- You should bring the copies with you – Do not expect us to make copies for you.

You can use this list to check each item that you are submitting:

- | | | |
|---|--|--|
| <input type="checkbox"/> National Registry card | <input type="checkbox"/> high school diploma | <input type="checkbox"/> birth certificate |
| <input type="checkbox"/> State card | <input type="checkbox"/> vo-tech diploma | <input type="checkbox"/> driver's license |
| <input type="checkbox"/> Healthcare CPR card | <input type="checkbox"/> college diploma | <input type="checkbox"/> any other certification cards |
| <input type="checkbox"/> ACLS card | <input type="checkbox"/> ethics certificate* | <input type="checkbox"/> NIMS certificates* |

Birth certificate needed for proof of citizenship and birth place since 9/11/2001.

List any DeSoto EMS employees that you are related to: _____

I, (print name) _____, am applying for employment with the DeSoto Parish Ambulance Service District, dba DeSoto Parish EMS.

I hereby authorize DeSoto Parish EMS to **obtain full disclosure of personal information** and records pertinent to my employment. All information obtained in the LA State Police and LA Dept. of Motor Vehicles background checks will be taken into full consideration.

I understand that I will be required to submit to and pass a **drug screening** prior to my employment opportunity.

I further understand that all information obtained for the purpose mentioned above will **be held confidential** regardless of employment outcome.

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from consideration for employment and may be justification for dismissal if discovered at a later date.

Date _____ Signature _____

Mail this application to P. O. Box 863 – Mansfield, LA 71052 or **fax** to 318-872-5339. You are welcome to **hand deliver** it to: Jane Manning, Administrative Assistant to Administrator, Joe Magee, at Central Station - 231 EMS Circle in Mansfield at the Business Office. Your application will not be considered until **all** paperwork is received.

- Turning in this application does not guarantee an interview nor a job with us. You may be contacted for an interview, or your application will be kept on file.

For office use only:

Date of interview by Administrator:		Date of interview by interview committee:	
Background check date		Application before Board date	
Board approved	Yes	No	Starting date

Comments:
