

Jessamine County Government  
Division of Emergency Medical Services

Dear Applicant,

Thank you for your interest in applying for employment with Jessamine County EMS. It is imperative that we obtain a copy of the following documentation of your application.

<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Current Driver's License
<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	KY EMT-B/AEMT/EMT-P Card
<input type="checkbox"/>	National Registry Card
<input type="checkbox"/>	Current CPR Certification
<input type="checkbox"/>	Documentation of HIV/AIDS Training
<input type="checkbox"/>	Documentation of Hepatitis B Vaccination
<input type="checkbox"/>	Most current TB Test
<input type="checkbox"/>	Advanced Cardiac Life Support Certification ( <i>EMT-P only</i> )
<input type="checkbox"/>	PALS or PEPP Certification ( <i>EMT-P only</i> )
<input type="checkbox"/>	NIMS Certifications

**APPLICATIONS WILL BE AUTOMATICALLY VOID IN THE ABSENCE OF DOCUMENTATION MENTIONED ABOVE, ALONG WITH ANY APPLICATIONS NOT COMPLETED IN THEIR ENTIRETY.**



Beginning with most recent position, please describe in detail each specific job (especially experience which qualifies you for position sought). It is very important that you describe your duties and responsibilities of each position held.

A résumé of your background may be attached.

Company Name		Company Address		Type of Business	
Starting Date (month/year)	Leaving Date (month/year)	Approx. Starting Base Salary	Final Base Salary	Starting Position Title	Present or Last Position
Name of Immediate Supervisor		Supervisors Position Title		Phone Number	

Explain reason for leaving or wanting to leave \_\_\_\_\_.

Please describe your duties and responsibilities \_\_\_\_\_.

May we contact your present employer now? \_\_\_\_ Yes \_\_\_\_ No If no, when? \_\_\_\_\_

Company Name		Company Address		Type of Business	
Starting Date (month/year)	Leaving Date (month/year)	Approx. Starting Base Salary	Final Base Salary	Starting Position Title	Present or Last Position
Name of Immediate Supervisor		Supervisors Position Title		Phone Number	

Explain reason for leaving or wanting to leave \_\_\_\_\_.

Please describe your duties and responsibilities \_\_\_\_\_.

Company Name		Company Address		Type of Business	
Starting Date (month/year)	Leaving Date (month/year)	Approx. Starting Base Salary	Final Base Salary	Starting Position Title	Present or Last Position
Name of Immediate Supervisor		Supervisors Position Title		Phone Number	

Explain reason for leaving or wanting to leave \_\_\_\_\_.

Please describe your duties and responsibilities \_\_\_\_\_.

IF ADDITIONAL SPACE FOR WORK HISTORY IS NEEDED, SPECIAL SHEETS WILL BE PROVIDED UPON REQUEST.

MILITARY EXPERIENCE (explain duties here) \_\_\_\_\_

Entry Date \_\_\_\_\_ Separation Date \_\_\_\_\_ Branch of Service \_\_\_\_\_

Rank at Separation \_\_\_\_\_ Present Selective Service Classification \_\_\_\_\_

LICENSES OR CERTIFICATION

If a license, or other authorization to practice a trade or profession is relevant for the position for which you are applying, complete the following:

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	Address of Licensing Agency

I hereby certify, under penalty of law, that the information contained on this form is true, and complete to the best of my knowledge and belief. I am aware that should investigation at any time show any such misrepresentation or falsification, my application will be rejected, my name will be removed from the eligible list, and I will be dismissed from service. I authorize the Jessamine County Fiscal Court to make all necessary and appropriate investigations to verify the information contained herein and to verify my transcripts as needed with the university or college concerning my achieved education. I understand that my application will be on file for six months only. It is my responsibility to update and reactivate my application as I understand I will not be notified my application has expired. I also understand that when my application has expired it will be removed from the Jessamine County Fiscal Court files along with all other data relating to my application.

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

## EMERGENCY SERVICES REQUEST

Organization: Jessamine County Ambulance Service

Address: 101 S Second St, Nicholasville, KY 40356

Contact Person: Jerry Domidion, Director

Phone Number: (859)887-2987

Tax Exempt Number: CO 57-100

Administrative Office of the Courts  
Pretrial Services  
100 Millcreek Park  
Frankfort, Kentucky 40601  
(800)928-6381

The records requested will be returned to the mailing address on the postage paid self-addressed return envelope. A separate addressed envelope on each person requested is required. If you have any questions, please contact Pretrial Services at (800)928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION **CLEARLY.**

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_

Maiden or Alias Names: \_\_\_\_\_

Street Address / P.O. Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_



## Jessamine County EMS

101 South Second St Ste B  
Nicholasville, KY 40356

### AUTHORITY TO RELEASE INFORMATION

Date: \_\_\_\_\_

I \_\_\_\_\_ having made application for employment with the Jessamine County Government, Division of Emergency Medical Services, and desiring that they be informed of my personal records pertinent to their investigation, hereby authorize an investigation into all records which may be of interest to them. This authorization includes but is not limited to medical, criminal, employment, school, etc., whether privileged or not. This authorization is executed in consideration of the Jessamine County Government, considering my application for employment and shall serve as a release of all liability to all parties furnishing such information to the Jessamine County Government and their authorized agents.

A photocopy of this release shall be considered as effective and binding as the original hand executed copy.

### THIS FORM MUST BE SIGNED AND NOTARIZED

SIGNATURE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME BY \_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC AT LARGE

\_\_\_\_\_  
MY COMMISSION EXPIRES