Dunn Emergency Services, Inc. PO Box 203 Dunn, North Carolina 28335

Office: (910) 892-1211 Fax: (910) 892-7777

APPLICATION FOR
VOLUNTEER/EMPLOYMENT

DATE	1	1	•

AN EQUAL OPPORTUNITY EMPLOYER

Name:		Age:	Date of Birl	th:		
Street		Social Security:				
City:		Home Phone:				
State: Zip:		Cell Phone:				
Driver's License#:		E-Mail Ad	E-Mail Address:			
Position Applying For: Vol EMS				Part Time EMS	Full Time	
EDUCATION Name and Location	From	То	De	gree/Major	Date Graduated	
EDUCATION	Erom	Т.	l De	aree/Major	Date Graduated	
High School:						
College:						
Other:						
Other:						
SPECIAL TRAINING AND CERTIF	ICATIONS	(Applicab	le to Emplo	oyment)		

MPLOYMENT HISTORY(Start wi mployer:	From:	To:	Phone:
ob Title:	Describe Job	Duties:	
upervisor:	1		
tarting Salary:	1		
nding Salary:	Reason for L	eaving:	
lay we Contact The Above Employ	yer: YESN	NO	
mployer:	From:	То:	Phone:
ob Title:	Describe Job	Duties:	
Supervisor:			
Starting Salary:			
Ending Salary:	Reason for L	eaving:	
May we Contact The Above Emplo	yer: YES	NO	
			Phone:
Employer:	From:	To:	Fhorie.
Job Title:	Describe Jo	o Duties:	
Supervisor:			
Starting Salary:			
Ending Salary:	Reason for Leaving:		
May we Contact The Above Empl	oyer: YES	NO	
MILITARY SERVICE			
Branch:	From:	То:	
Rank:	Type of Discharge:		
Duties:			
REFERENCES			PHONE NUMBER
NAME AND ADDRESS	oc	CUPATION	AND EMAIL

Applicants may attach a copy of their resume and/or certifications if they wish, however this application must be completed and signed prior to being considered for any position with the department.

Applications MUST include a copy of your current DMV driving record and criminal background check in order to be considered. If you have lived at your current address for less than 6 months you must provide a criminal background check from the previous county or location.

NAME:	RELATIONSHIP:
CELL PHONE:	HOME PHONE:
EMAIL:	
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APPLICANT: Read and Sign E	delow
to the best of my knowledge. I	e in this application for volunteer/employment is true, complete and accurate understand that if I am employed or accepted as a volunteer that any false cause for immediate dismissal.
APPLICANT SIGNATURE:	DATE:
The following items will be red	uested <u>after</u> your application has been approved:
Conv of your valid Driver's I	

- □ Copy of your valid Driver's License
- □ Copy of your Social Security Card
- □ Copy of your Immunization Record, proof of Hep B immunizations, or the Hep B Declination Wavier
- $\hfill\Box$ Applicant to Obtain or show proof of recent TB skin test
- □ Complete and submit an I-9 form with supporting documents