



REGIONAL ADVISOR APPLICATION FOR EMPLOYMENT

<i>PERSONAL INFORMATION</i>							
Last Name	First Name	MI	Date				
Present Address / Box	City				State	ZIP Code	
Telephone Number	Message Telephone Number			Cell Phone Number			
Are you 18 years of age or older?		Yes		No			
If hired, can you provide written evidence that you are authorized to work in the United States		Yes		No			
<i>GENERAL INFORMATION</i>							
Position applying for: <i>Regional Advisor</i>		Date you can start:					
Please fill in the times you are available for work each day.							
Hours Available:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
Are you an EMT or higher?		Yes		No		If yes, what level:	
This position will require periodic travel, are you able to travel?		Yes		No			
<i>EDUCATION / TRAINING (Other than EMS Related)</i>							
Circle highest grade completed:							
Name of School	Course of Study			Degree, Certificate, Occupational License			
Subjects of special study or research work:							
Special skills / abilities / equipment / software operated:							
List any other qualifications which should be considered:							

Please also attach a resume as a supplement. All applicants must submit an application on our form.

The ND EMS Association is an equal opportunity employer / program provider.

(OVER)



Are you presently employed? Yes No | If yes may we contact your present employer? Yes No

PLEASE COMPLETE THE WORK HISTORY SECTION STARTING WITH YOUR PRESENT OR MOST RECENT JOB (List all Positions)

Company:	City:
Title:	Hours Worked Per Week:
Date Started: Month Year	Wage: \$ Per
Dated Ended: Month Year	Reason for Leaving:
List specific tasks completed on the job:	Machines / Equipment You Have Operated:
Supervisor:	Supervisor Phone #:

Company:	City:
Title:	Hours Worked Per Week:
Date Started: Month Year	Wage: \$ Per
Dated Ended: Month Year	Reason for Leaving:
List specific tasks completed on the job:	Machines / Equipment You Have Operated:
Supervisor:	Supervisor Phone #:

Company:	City:
Title:	Hours Worked Per Week:
Date Started: Month Year	Wage: \$ Per
Dated Ended: Month Year	Reason for Leaving:
List specific tasks completed on the job:	Machines / Equipment You Have Operated:
Supervisor:	Supervisor Phone #:

REFERENCES: Please list below three individuals who are not related to you and are not previous employers.

Name	Address	Telephone Number

How were referred to this position?

Do you have any relatives who are employed by or serve on the Board of Directors of NDEMSEA? If so, please specify.

Have you ever been previously employed by NDEMSEA? Yes No



Application Acknowledgement and Release

THIS APPLICATION DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT.

In the event that the applicant agrees to accept a position with the company, the applicant agrees that the employment relationship between the company and the employee is an at-will relationship and that the employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or the employee.

I certify that the information contained in this application is correct. If the company determines that any of the information submitted in this application is false, I shall be immediately disqualified from consideration for employment and / or discharged from employment in accordance with the company's policy.

I hereby understand and authorize NDEMSEA to thoroughly investigate my work and personal history and verify all dates given on this application, on related papers and in interviews. I authorize all individuals, schools, and companies named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information. I also acknowledge and release NDEMSEA and any of its agents, employees, or any other persons acting on behalf of NDEMSEA from any and all liability related to any investigation of the information contained in this application, on related papers, and in interviews.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within seven days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature of Applicant

Date