



Mount Washington Fire and EMS

EMPLOYMENT APPLICATION

Application Information

Full name:	_____	Date:	_____
	<i>Last First M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	KEMSIS Number	_____
	<i>City State Zip Code</i>		
Email	_____		

Full Time Part Time Position you are applying for Paramedic AEMT EMT - B

Are you a citizen of the United States? Yes No

Are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain? _____

References

Please list 2 references

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____

Previous Employment

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

May we contact your previous supervisor for a reference? Yes No

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

May we contact your previous supervisor for a reference? Yes No

Please email this form to applications@mwfems.com
A correspondent will reach out to you via email.