

Dakota Valley Emergency Services District EMS Application

Applications must be returned to:
North Sioux City Fire Department
205 Sodrac Drive
North Sioux City, SD 57049

Questions directed to:
605-232-4286
nscfd@aol.com

Applicant Information

Full Name: _____ DOB: _____
First Last MI

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Email _____

Current Certification Level _____ Date Obtained _____

Certification Received at _____

NREMT # _____ State _____ State # _____

Position Desired _____ Date Available to start _____

Full Time _____ Part-Time _____

If part time, how many hours per week do you want to work? _____ Expected hourly pay _____

Have you ever had a medical or EMS license suspended or revoked for any reason? YES NO

If yes explain (State of revocation, reason, year, time of reinstatement)

Please list all professional credentials that you feel would relate to the position applied for: (ACLS, BCLS, CPR, PALS)

Has your Driver's license ever been suspended or revoked? YES NO

If yes explain (State of revocation, reason, year, time of reinstatement)

Are you able to perform the essential functions of the job? YES NO

If no, explain

Do you have any Emergency Services experience? YES NO

If yes, explain

Are you legally authorized to work in the US? YES NO

Have you ever been convicted of any felonies or misdemeanors? YES NO

If yes, explain

Education

High School Education _____ City/ State _____

Did you graduate? YES NO

College/ Secondary Education _____ City/ State _____

Degree/ Major _____

Did you graduate? YES NO

Please list any other skills or training you have received which you feel relate to this position

Employment

Current Employer _____ Phone _____

Job Duties _____ Supervisor _____

Dates of employment (MM/YR) _____ to _____ May we contact your employer YES NO

Reason for leaving _____

Previous Employment last five years :

Company _____ Job Duties _____

Dates _____ to _____ Reason for leaving _____

Company _____ Job Duties _____

Dates _____ to _____ Reason for leaving _____

Company _____ Job Duties _____

Dates _____ to _____ Reason for leaving _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain _____

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Please list any additional information you believe would be important in considering your application including why you would like to work for the Dakota Valley Emergency Services District.

Please Read and Sign

To the best of my knowledge, all of the information I have submitted on this application is true and complete. I understand that any omission or falsification of information will be sufficient cause for disqualification from further consideration for employment or for dismissal.

I understand that any offers of employment are contingent on successful completion of the post-offer exam and background checks. I understand employment at this organization is “at will”, which means employment may be terminated by the employee or by the organization at any time with or without cause.

We do not discriminate on the basis of race, creed, color, religion, national origin, gender, sexual orientation, sex, age, disability, or any other status protected by law or regulation.

Signature _____ Applicants Printed Name _____
Date _____

Official Use only:
Date Application Received: _____
Received By: _____