



Evergreen Speedway EMS/Rescue

APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink (must be eligible for application consideration) or typing. All fields **must** be filled in. If something doesn't apply to you, enter "N/A". Any empty fields may disqualify the application. Do not resize any boxes, use an additional sheet of paper if you need more space. Applications may be disqualified if writing is not legible, if all required fields are not filled out (or not filled out properly), or application is not complete. Filing an application does not guarantee employment.

Minimum Requirements:

- Must be 18 or older
- Must have current EMT-B license or able to obtain it within 6 months **OR** Firefighter 1 or higher
- Must be able to lift 60+ pounds
- Must be able to stand for 4+ hours
- Must have clean driving record
- Must pass background check

GENERAL INFORMATION

Name (Last):	(First):	(Middle Initial):	Cell Phone:
Mailing Address:			
E-Mail Address:		Are you legally entitled to work in the U.S.?	
Emergency Contact (name, relationship and number):		T-Shirt Size	
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?		Availability: Weekdays Weeknights Weekends Holidays	
If hired, would you have a reliable means of transportation to and from work?	Are you able to stand on your feet for 4+ hours?	Are you able to lift 60+ pounds?	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?
If no, list the highest grade completed:

College, Business School, Military (Most recent first)						
School Name and Location	Dates Attended Month/Year	Quarterly or Semester Hours	Other (Specify)	Graduate	Degree type and year	Major or Subject
	From:					
	To:					
	From:					
	To:					
	From:					
	To:					
Occupational License, Certificate or Registration: WA DOH EMT License		Number:	Where did you take EMT class?		Expiration Date:	
Occupational License, Certificate or Registration: NREMT		Number:			Expiration Date:	
Occupational License, Certificate or Registration: Firefighter 1 or higher			Where Issued:		Expiration Date:	
Occupational License, Certificate or Registration: First Aid/CPR			Where Issued:		Expiration Date:	
Languages Read, Written or Spoken Fluently Other Than English:						

VETERAN INFORMATION (Most recent)

Branch of Service:	Date of Entry:	Date of Discharge:
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE (Most Recent First) & (Include voluntary work and military experience)

Employer:	Telephone Number:	From: (Month/Year)
Address:		
Job Title:	Number Employees Supervised:	To: (Month/Year)
Specific Duties: (Maximum 1000 characters)		Hours Per Week:
		Last Salary:
		Supervisor:
		Reason for Leaving:
Employer:	Telephone Number:	From: (Month/Year)
Address:		
Job Title:	Number Employees Supervised:	To: (Month/Year)
Specific Duties: (Maximum 1000 characters)		Hours Per Week:
		Last Salary:
		Supervisor:
		Reason for Leaving:
Employer:	Telephone Number:	From: (Month/Year)
Address:		
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Employer:	Telephone Number:	From: (Month/Year)
Address:		
Job Title:	Number Employees Supervised:	To: (Month/Year)
Specific Duties: (Maximum 1000 characters)		Hours Per Week:
		Last Salary:
		Supervisor:
		Reason for Leaving:



Mission Statement: The Evergreen Speedway EMS/Rescue Team provides for the safety and welfare of Speedway employees, racers, and fans through protection of life and property



References (2 professional & 2 Personal)

Name:	Telephone Number:
Address:	
Company:	Title:
Reference Type:	Email:
 	
Name:	Telephone Number:
Address:	
Company:	Title:
Reference Type:	Email:
 	
Name:	Telephone Number:
Address:	
Company:	Title:
Reference Type:	Email:
 	
Name:	Telephone Number:
Address:	
Company:	Title:
Reference Type:	Email:



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Questions

Answer the following questions and scenarios completely and to the best of your ability:

1. Why did you choose to apply with Evergreen Speedway EMS/Rescue?

2. Tell us about a time you made a mistake and what you learned from it (personal or professional).

3. Give us an example of a time that you had a disagreement with a coworker, how you handled it, and what the final outcome was.

Affiliation:

Are you looking to affiliate with us?

If no, where are you affiliated?

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

***You must submit a profile picture (Passport style) with application.**