

EAST BOISE COUNTY AMBULANCE APPLICATION

Thank you, for your interest in joining our ambulance service. Please read and follow the steps below to apply to EBCAD.

1. Fill out the application below in its entirety.
2. Please select the unit you would like to join. (If you have spoken with the Unit and it is willing ask for an endorsement letter.)
3. Attach a resume to the application
4. If you have one, include a cover letter. (optional)
5. Return all documents to East Boise County Ambulance District.

East Boise County Ambulance District

Attn: Personnel Officer

Membership Application

P.O. Box 1300

Idaho City, Idaho 83631

East Boise County Ambulance District does receive a lot of applications, so the time it takes us to process your application can take some time. Please be patient with us and know that we will get back to you as soon as we have finished the processing of your application. If you have any questions or would like to check the status of your application you can contact East Boise County Ambulance District and ask for the Personnel Officer or you can stop in at any of our stations if someone is there you can have them pass along a message.

Thank you for applying with East Boise County Ambulance District, we look forward to talking to you about joining us.



East Boise County Ambulance district
Membership Application
P.O. Box 1300
Idaho City, Idaho 83631

APPLICANT INFORMATION

Last Name		First:		M.I.		Date	
Street Address						Apartment/Unit #	
City			State			ZIP	
Phone			E-mail Address				
Date of Birth			Social Security No.			Driver License	State
Unit Preference	Unit 12 (Lowman) <input type="checkbox"/>	Unit 13 (Placerville) <input type="checkbox"/>	Unit 14 (Idaho City) <input type="checkbox"/>	Unit 15 (Mores Creek) <input type="checkbox"/>	None <input type="checkbox"/>		
Position Applied for	Driver <input type="checkbox"/>	EMT <input type="checkbox"/>	Other :				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when and where?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Do you have any medical condition that could affect your participation in emergency medical operations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EMERGENCY CONTACT PERSON

Name			Relationship			
Street Address						
City			State			Zip
Phone			E-mail Address			

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

CERTIFICATIONS

CPR Certificate Expiration Date					
National Registry Certificate Number		Level		Expiration Date	
Idaho EMT License Number (If applicable)		Level		Expiration Date	
Other Certificate					

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

CURRENT EMPLOYMENT	
Please provide a resume with complete 5 year employment history.	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE	
I hereby apply to volunteer with EAST BOISE COUNTY AMBULANCE DISTRICT as a member. I agree to abide by its' Bylaws, SOP's and Idaho EMS Protocols. I authorize the Boise County Sheriff to conduct a background and drivers license record check.	Initial Here
I agree to serve with EAST BOISE COUNTY AMBULANCE DISTRICT as a member for a period of 2 years (24 months) beginning with the start date of my hepatitis immunization series if the county pays for my immunizations. If I do not complete this 2 year agreement, I agree to reimburse EAST BOISE COUNTY AMBULANCE DISTRICT for the costs associated with the immunization series.	Initial Here
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date
Information contained here-in is protected by the Privacy Act of 1974 (as amended)	

FOR EBCAD USE ONLY					
Driver's Record		If Failed (See Additional page)	Processed By		Date
Background Check		If Failed (See Additional page)	Processed By		Date
State EMS Check		If Failed (See Additional page)	Processed By		Date
Orientation Ride		If Failed (See Additional page)	Processed By		Date