

Calhoun County EMS

Application Check-List

- _____ Current Resume
- _____ Completed Application
- _____ Copy of Current Texas Certification
- _____ Copy of National Registry (if applicable)
- _____ Copy of Current BLS Provider Card
- _____ Copy of Driver's License
- _____ Copy of Social Security Card
- _____ Signed and completed Background Authorization form
(*Record check is no cost to potential employee*)

Please Address All Written Correspondence To:

Calhoun County EMS
ATTN: Clint Macek
705 Henry Barber Way
Port Lavaca, Texas 77979

Please Send Emailed Correspondence To:

ATTN: Clint Macek
clint.macek@calhouncotx.org

For Office Use Only

Received Application Date: _____

Completed Application Date: _____

Signature: _____



CALHOUN COUNTY, TEXAS

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. If you need assistance completing this application and/or with any testing required during the application process, please ask the staff in the Personnel Office so that assistance may be provided. A job description will be available for your review for each job posted.

PLEASE PRINT IN INK

NAME (As it appears on
Social Security Card / Work
Permit Card)

Last

First

M.I.

SOCIAL SECURITY NUMBER

ADDRESS

CITY, STATE, ZIP

HOME TELEPHONE

MESSAGE CONTACT

Name

Area Code

Number

DAYTIME TELEPHONE

ARE YOU AT LEAST 18 YEARS OLD? ☐ YES ☐ NO

OTHER NAMES YOU
HAVE USED:

POSITION
APPLIED FOR:

DEPARTMENT:

REFERRED FOR THIS
POSITION BY:

DATE
AVAILABLE:

HAVE YOU EVER BEEN
EMPLOYED BY THIS ORGANIZATION? ☐ NO ☐ YES WHEN? DEPARTMENT:

SUPERVISOR:

REASON FOR LEAVING:

DO YOU HAVE A RELATIVE CURRENTLY WORKING FOR CALHOUN COUNTY?

☐ NO ☐ YES IF YES, WHAT IS HIS OR HER NAME?

WHAT IS YOUR RELATIONSHIP?

IN WHAT DEPARTMENT DOES YOUR RELATIVE WORK?

HAVE YOU EVER BEEN CONVICTED, OR
PLED GUILTY OR NO CONTEST TO, A
FELONY OFFENSE? IF SO, PLEASE
EXPLAIN. IMPORTANT: FOR PURPOSES OF
EMPLOYMENT WITH CALHOUN COUNTY,
"CONVICTIONS" INCLUDE SENTENCED TO
CONFINEMENT, PAID FINE, TIME SERVED,
PLACED ON PROBATION (INCLUDING
DEFERRED ADJUDICATION) AND COURT-
ORDERED RESTITUTION. A CONVICTION
WILL NOT NECESSARILY DISQUALIFY AN
APPLICANT FROM EMPLOYMENT.

☐ NO ☐ YES If Yes, Give location, date,
charge and disposition of
case(s) on a separate page

IF APPLYING FOR A POSITION WHICH
REQUIRES DRIVING A VEHICLE, PLEASE
PROVIDE THE FOLLOWING INFORMATION:

I HAVE A VALID DRIVER'S LICENSE:

☐ NO ☐ YES

TYPE: _____

DRIVER'S LIC. # _____

STATE: _____

CAN YOU, IF HIRED, SUBMIT
VERIFICATION OF YOUR LEGAL
RIGHT TO WORK IN THE UNITED
STATES?

☐ NO

☐ YES

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

Branch of Service

Dates Served

Type of Discharge

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLLEGE				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software		
Word Processing		☐ Skilled	☐ Competent	☐ Familiar
Spreadsheet		☐ Skilled	☐ Competent	☐ Familiar
Database		☐ Skilled	☐ Competent	☐ Familiar
Other		☐ Skilled	☐ Competent	☐ Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER		STATE	EXPIRES MO / YR
FOREIGN LANGUAGE SKILLS	LANGUAGE	DO YOU:	SPEAK	READ	WRITE	
			☐ Fair ☐ Good ☐ Fluent	☐ Fair ☐ Good ☐ Fluent	☐ Fair ☐ Good ☐ Fluent	

JOB RELATED TRAINING	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
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71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ ☐ MONTHLY ☐ WEEKLY ☐ HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

FAIR CREDIT REPORTING ACT

Disclosure and Authorization Statement

To: All Applicants For Employment *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name *(please print)*

Signature

Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

VOLUNTARY CONSENT TO PRE-EMPLOYMENT DRUG TESTING

Applicant Name: _____
(Please Print)

Calhoun County has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Using or being under the influence of drugs may pose serious safety and health risks not only for the user but for his/her co-workers and the public, as well.

By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release Calhoun County and its directors, officers, agents, employees, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of the pre-employment drug screening and any decision concerning employment made by Calhoun County, in whole or in part, based upon the results of the pre-employment drug screen.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH CALHOUN COUNTY. Refusal of any applicant to agree to pre-employment drug screening at this time does not preclude an applicant from applying for employment with Calhoun County at some future time when the applicant will agree to conform to our policies.

I understand that my offer of employment with Calhoun County is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand and agree that I may be terminated from Calhoun County should the results be positive for the presence of illegal drugs. I voluntarily consent to have a sample of my urine collected for the purpose of drug testing. In the event I should submit two or more samples for drug screening in connection with my application for employment, I understand that each sample must be negative for the presence of illegal drugs. The drug test will be conducted by a clinical laboratory. I hereby authorize the results of this testing to be released to Calhoun County. This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this consent form upon written request.

Signature of Applicant: _____

Date: _____

(To be maintained on file with Employment Application)



BACKGROUND REPORT DISCLOSURE

In the interest of maintaining the safety and security of our customers, employees and property, *Quality Control Testing, Inc.* may order a "consumer report" or "investigative consumer report" (collectively "Background Reports") on you in connection with your employment application or contract, and if you are hired, or if you already work for the Company, may order additional background reports on you.

The background check company, KRESS Employment Screening will prepare the background report for the Company. KRESS Employment Screening is located at 320 Westcott St Suite 108, Houston, TX 77007, and can be reached at 888-636-3693 or at their internet website address www.kressinc.com. For information about the privacy practices of KRESS Employment Screening, see <http://www.kressinc.com/kress-employment-screening-privacy-statement>.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: social security number verification; criminal, public, educational, and as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by KRESS Employment Screening or another outside organization.

You may request more information about the nature and scope of an investigative consumer report by contacting the Company. You may request a copy of this report from the Company or KRESS Employment Screening using the contact information listed above.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on A Summary of Your Rights Under the Fair Credit Reporting Act, A Summary of Rights Under California Civil Code 1786.22, New York Correction Law 23-A, and the Vermont Fair Credit Reporting Statute. These notices should be provided to you with this form.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the **Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act, A Summary of Your Rights Under California Civil Code 1786.22, New York Correction Law 23-A, and the Vermont Fair Credit Reporting Statute** and certify that I have read and understand all of those documents provided to me by the Company. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment or contract, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by KRESS Employment Screening, 320 Westcott St #108, Houston, TX 77007, 888-636-3693, www.kressinc.com, or another outside organization acting on behalf of the Company, and/or the Company itself.

I understand that my signature now and throughout this process will be binding. Additionally, notices, documents, and communications may be provided electronically and will meet the requirements set forth under Federal and/or State law, as permitted by law. I agree that a facsimile ("fax"), electronic or printout of this authorization may be accepted with the same authority as the original.

I also understand that a credit report may be obtained in connection with my position. **California, Colorado, Connecticut, Hawaii, Illinois, Maryland, Nevada, Oregon, Vermont, and Washington State** each restrict the circumstances in which Employer may obtain credit information about you. Employer will not obtain credit information about you unless such information is substantially related to the duties and responsibilities of the position for which you are applying or for any other reason otherwise permitted under applicable law. If Employer orders a credit report it will be for the following reason:

Additional State Law Notices

Minnesota: You have the right, upon written request to KRESS Employment Screening, to receive a complete and accurate disclosure of the nature and scope of any consumer report. KRESS Employment Screening must make this disclosure within five days of receipt of your request or of the Company's request for the report, whichever is later.

Massachusetts and New Jersey: If Company requests an investigative background report, you have the right, upon written request, to a copy of the report.

New York Applicants Only: You have the right to request whether the Company requested an investigative consumer report and, if so, the Company will give you the name and address of the report's provider if other than KRESS Employment Screening. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above (or another organization identified by the Company as the provider of an investigative consumer report) directly.

Washington State: If Company requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from Company a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Please return the Acknowledgment and Authorization of Background Check and the Services Request Form to 713-880-3694/888-636-3694 or E-mail to orders@kressinc.com

I understand that by signing my name below, that I am signing the Authorization form directing the background report as described above, the information contained in my employment application or contract, or otherwise disclosed by me before, or during, my employment or contract, if any, may be used for the purpose of obtaining background reports and/or investigative background reports, and I certify that:

- I have received the Disclosure Regarding Consumer and/or Investigative Report, and have received and reviewed the Summary of Your Rights Under the Fair Credit Reporting Act. I have also received and reviewed A Summary of Your Rights Under the Provisions of California Civil Code §1786.22, New York Correction Law 23-A, and the Vermont Fair Credit Reporting Statute.

- ☐ Yes
- ☐ No

- For California, Oklahoma, or Minnesota employees and applicants: Please check the appropriate box to indicate if you would like to receive a copy of your consumer report free of charge.

- ☐ Yes
- ☐ No

Company Requesting Background: Quality Control Testing, Inc.

Printed Name of Applicant/Contractor: _____

Signature: _____ Date Authorized: _____

Please return the Acknowledgment and Authorization of Background Check and the Services Request Form to 713-880-3694/888-636-3694 or E-mail to orders@kressinc.com

Services Request Form

Client: Quality Control Testing, Inc. Requestor: Calhoun County EMS

Phone Number: (361) 552 - 1140 E-Mail: dustin.jenkins@calhouncotx.org

Income Over \$75K? ☐ Yes ☐ No

Services Requested:

☐ Adverse Action Notification

☐ Civil - County

☐ Civil - Federal

☐ Driving History

☐ Entry Level Package 2

☐ Essential Package

☐ International Package

☐ Primary Package

☐ RLB Package

To Be Filled Out by Applicant/Contractor

Last Name: _____ First Name: _____ Middle Name: _____

Additional Last Names Used: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____ Phone Number: _____

E-Mail Address: _____

7 Year Address History (Required)

Current Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Previous Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Previous Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Please return the Acknowledgment and Authorization of Background Check and the Services Request Form to 713-880-3694/888-636-3694 or E-mail to orders@kressinc.com

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.