WETZEL COUNTY EMERGENCY AMBULANCE AUTHORITY, INC. P.O. BOX 515 NEW MARTINSVILLE, WV 26155

Application for Employment	Date:			
All applications will be considered for employ.	ment without regard to ra	ce, religion, c	olor, sex, na	tional
origin, age, marital status, disability, sexual or	rientation, veteran status	or any other s	status protec	ted by
law. We are an Equal Opportunity Employer.	Management of the second secon			•
Personal Information (please print)		-11		
Name:	Soc. Sec. #	#:		
Address:	City:	ST:	Zip:	27
Telephone #:	Drivers License #:			
Are you over 21 years of age:				× 11
Position applied for:	Full Time:	Part Time:		
If part time, specify days/hours available:				
		receillant of the control of the con		
EMT #:	Expiration Date:			
Paramedic #:	Expiration Date:			
List other special qualifications or skills:		2		
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If more space needed, add separate sheet.				
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Education:				3 3 3 5 5 X X X
Name & Location of School		Course of	Did you	If not, yrs
la sá		study	graduate?	attended
Elementary:				
High School:				
Ingh School.				
	energian Combine (2); MCCA de Combine en Maio del des la moneye des plancies en combinados que del de se deplaca colonique.			
College:				
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Other:				
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