

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

**Application for Employment**

**Date:** \_\_\_\_\_

*All applications will be considered for employment without regard to race, religion, color, sex, national origin, age, marital status, disability, sexual orientation, veteran status or any other status protected by law. We are an Equal Opportunity Employer.*

**Personal Information (please print)**

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Are you over 21 years of age: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

If part time, specify days/hours available: \_\_\_\_\_

EMT #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Paramedic #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List other special qualifications or skills:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If more space needed, add separate sheet.

**Education:**

Name & Location of School	Course of study	Did you graduate?	If not, yrs attended
Elementary:			
High School:			
College:			
Other:			

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