

WORK RELATED REFERENCES

Name	Occupation	Address/Phone	Years known
1 _____			
2 _____			
3 _____			

QUALIFICATIONS

Traits necessary to provide the highest quality of patient care includes the following:

- Desirable personality traits include: emotional stability, resourcefulness, cooperative, pleasant, neat and clean, and possess positive personal habits.
- Stress Factors
 - Occasionally: Hazards, fatigue, patient care; Frequently: Repetitive tasks, high pressure, boredom, intense tasks
- **Physical Requirements:**
 - Occasionally: Smelling; Frequently: Lifting and/or assist lifting of 200 lbs., kneeling, stooping, bending, leaning, flexibility, multiple physical activities performed at the same time (carrying multiple equipment while pushing on cot). Constantly: Hearing/listening, clear speech, simple touching, walking (inside and outside), pushing, pulling, reaching, sitting, driving ambulance, seeing.
- **Working environment:**
 - Occasionally: Works alone, inside, confined areas, noise, other hazardous conditions (human excrement, blood, urine, mucous, tissue, asbestos); Frequently: Electrical equipment; Constantly: works with others, face-to-face contact, verbal contact with others daily, works outside, shift work, extended hours.
- **Mental Requirements:**
 - Occasionally: Reading (simple and complex), writing (complex), memorization, analyzing, math skills (simple); Frequently: Writing (simple), judgment, reasoning; Constantly: Decision making.
- **Possess valid driver's license**

APPLICANT'S STATEMENT

I understand that Fremont County Government will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools and firms named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. This information will be kept in strict confidence and will be available only to agency personnel who are involved in the coordination of the course.

I understand that prior to admission to a Fremont County Ambulance pre-hospital course I must complete a full criminal background investigation and drug/alcohol screening at my own expense.

Applicant Signature: _____ Date: _____

Date of birth and social security number necessary for background. DOB _____/_____/_____

SSN _____/_____/_____