



**Westmoreland County Department of EMS**  
**Bill Cease**  
**Director, Emergency Services**  
**111 Polk Street, Montross VA 22520**  
**804-493-9147**

**Vacancy Announcement**

***Department of EMS: Full & Part-time EMT- Paramedic***

***Full – Time Salary: \$42,000 - \$69,244 annual (Based on Experience)***

***Part – Time Starting Hourly Rate: \$20.19 - \$33.29 per hour (Based on Experience)***

The Westmoreland County Department of EMS is seeking qualified applicants for Full-Time and Part-Time EMT-Paramedic vacancies.

**Prerequisites:**

- Minimum of 21 years of age
- Valid Driver’s License with a Current copy of driving record from State of Issuance and Residence.
- Emergency Vehicle Operators Course (EVOC) – *Preferably EVOC Class 2*
- Current State of Virginia EMT-Paramedic Certification
- Current State of Virginia PALS Certification
- Current State of Virginia ACLS Certification
- Current CPR Certification (BLS Healthcare Professional or equivalent)
- Hazard Material Awareness
- National Incident Management System (NIMS) 100, 200, 700, 800
- Proof of release by OMD

The Department of Emergency Services is a rapidly growing organization, looking for highly motivated individuals. Eligible applicants must successfully complete an oral interview, medical and drug screening.

To be considered for one of these positions, please submit a completed and signed employment application with copies of all EMS certifications. Applications will be accepted until all positions are filled.

Mail application and copies of all EMS certifications:

Westmoreland County EMS

Attn: Bill Cease, Director, Emergency Services

PO Box 1000

Montross, VA 22520

or E-mail Bill Cease: [bcease@westmoreland-county.org](mailto:bcease@westmoreland-county.org)

**Westmoreland County is an Equal Opportunity Employer**



## WESTMORELAND COUNTY JOB DESCRIPTION

*FLSA Status: Non-Exempt*

### **EMT-Paramedic DEPARTMENT OF EMERGENCY MEDICAL SERVICES**

#### **GENERAL STATEMENT OF JOB**

This is a skilled field position responsible for providing Advanced Life Support Emergency Medical Services. The incumbent performs complex tasks to ensure the safety and care of the citizens during emergency and crisis situations. This position will report directly to the Lieutenant of Emergency Services.

This position is essential. Personnel occupying this position may be scheduled to work regardless of weather conditions or other occasions when general county offices are closed.

Full-time personnel may be required to work overtime, may be held over, or subject to call back.

Part-time personnel are subject to hold over until a relief arrives.

#### **SPECIFIC DUTIES AND RESPONSIBILITIES**

##### **ESSENTIAL JOB FUNCTIONS**

- Leading, directing, and participating in the delivery of basic and advanced life support in a pre-hospital or facility situation.
- Giving direction to other crew members when operating as attendant-in-charge on patient care and medical issues.
- Examines patients and reports findings to receiving medical staff, physicians, or staff in a nursing or treatment center.
- Responsible for completing and recording all required reports or runs made by the crew on state approved reporting methods.
- Supervises basic life support providers assisting in advanced life support patient care.
- Assuring that the assigned vehicle is completely stocked and in good running order at the beginning of each shift, after every response, and at the end of each shift.

- Attending and/or instructing in-house training sessions and orientations as required by the organization on a continuing educational basis.
- Attending training sessions and orientations as required maintaining valid EMT-Intermediate or Paramedic Certification and requirements of the County.
- Cleaning patient care compartment and vehicle in accordance with agency adopted infection control and maintenance guidelines.
- Being responsible for the security, safety, re-stocking and storage of advance life support equipment (Monitor/Defibrillator, Airway Adjuncts, Medication Boxes, etc.) used while on shift or call.
- Operating and maintaining a mobile medic unit.
- Maintaining office, lounge, bunk room, and vehicle parking in a neat, clean, and orderly fashion.
- Performing Daily Duties such as sweeping, mopping, vacuuming, and cleaning bathrooms.
- Other related duties as required by management.

### **Working Conditions**

Routine physical effort is needed to perform all duties in the administration of patient care to include lifting patients and patient transfer. Environment will require that routinely you will be exposed to all kinds of weather conditions in the performance of routine duties and/or special assignments. Hazards of the position may include the exposure to infections and environments, which could be hazardous to the provider including but not limited to Hepatitis, MRSA, VRE, TB and AIDS. There may be times when you will be exposed to or encounter violence in domestic situations or behavioral emergencies.

### **MINIMUM TRAINING AND EXPERIENCE**

To perform this job successfully, an individual must meet and maintain the requirements listed.

#### Certifications

- Valid Virginia Operator's License and copy of driving record with no negative points.
- Current State of Virginia ALS Certification
- Current State of Virginia PALS Certification
- Current State of Virginia ACLS Certification
- Current Emergency Vehicle Operator Class 2
- NIMS IS-100, IS-200, IS-700, IS-800
- Current CPR certification

## **Knowledge, Skills and Abilities**

- Knowledge of advanced life support emergency care procedures.
- Knowledge of common physical illnesses, obvious symptoms, and appropriate medical terminology.
- Knowledge of State and private road systems in Virginia.
- Demonstrate the ability to think and act quickly and appropriately under stressful situations.
- Considerable skill in emergency vehicle driving technique.
- Ability to prepare detailed written reports, legibility.
- Ability to maintain a good working relationship with Volunteer staff, crewmembers, public safety officers, hospital staff and the general public.
- Communications skills, both written and verbal.
- Ability to bend, stoop, walk, or crawl on uneven surfaces.
- Must meet all eligibility and certification requirements set forth by Virginia Office of Emergency Medical Services and the Commonwealth of Virginia.

# Commonwealth of Virginia

An Equal Opportunity Employer



Send this application directly to the agency announcing the vacancy.

Please print in ink (preferably black) or use typewriter

Number of attachments \_\_\_\_\_

Position number \_\_\_\_\_

## Application for Employment

Employees of the Commonwealth and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for \_\_\_\_\_ 2. Agency \_\_\_\_\_  
(one per application)

3. Full legal name \_\_\_\_\_ 5. Home Phone ( ) \_\_\_\_\_  
Last First Middle

4. Address \_\_\_\_\_ 6. Business Phone ( ) \_\_\_\_\_

City State Zip 7. E-mail Address \_\_\_\_\_

### 8. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

9. **EXPERIENCE** — Use *Supplementary Experience Form(s)* for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?  Yes  No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

Type of employment \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

Type of employment \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of employment \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_  
 \_\_\_\_\_

e. Automated word processing hardware/software: \_\_\_\_\_

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

10. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

11. **MISCELLANEOUS**

a. Check which shift you will accept:  Day  Evening  Night  Rotating  Weekends Specify shift hours \_\_\_\_\_

b. Check all Employment status you will accept:  Full-time  Part-time  Hourly/Wage  Weekends If Part-Time, (specify): \_\_\_\_\_

c. Are you willing to accept employment which requires you to travel?  No  Yes. If yes,  During the day only,  Occasionally overnight,  Frequently overnight,  Weekends.

d. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" \_\_\_\_\_

e. Are you willing to provide your own transportation if necessary for your employment?  Yes  No.

f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?

Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

g. Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so?  Yes  No.

If no, state reason:

h. For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active-duty in the armed forces of the United States or reserve components thereof, including the National National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs?

Yes  No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)?  Yes  No

i. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations.  Yes  No If YES, please provide the following:

Description of offense:

Statute or ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ ; Date of Conviction \_\_\_\_\_

County, City, State of Conviction: \_\_\_\_\_

(For additional convictions use plain paper. Include all information listed above.)

\*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged. A conviction does not automatically disqualify you from all jobs. A conviction will be judged on its own merits with respect to time, circumstances, seriousness, and the extent to which it is related to the job for which you are applying.

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

\_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

13. **CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Commonwealth of Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: \_\_\_/\_\_\_/\_\_\_

Position applied for: \_\_\_\_\_

Position number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

EEO Category: \_\_\_\_\_

How did you find out about this employment opportunity?

- Newspaper\*
- Radio/TV\*
- VEC
- State RECRUIT system
- Agency Bulletin Board
- Other (please specify)

\_\_\_\_\_  
\*specify name of newspaper or other media  
\_\_\_\_\_

Supplementary Experience Form

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_  
Announcement Number \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_  
Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_  
Type of employment \_\_\_\_\_

Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_  
Type of employment \_\_\_\_\_

Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_  
Type of employment \_\_\_\_\_

Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_  
Type of employment \_\_\_\_\_

Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_  
Type of employment \_\_\_\_\_

Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_  
Your name if different from present \_\_\_\_\_



Supplementary Experience Form

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_  
Announcement Number \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Type of employment \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Type of employment \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Type of employment \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

<b>Job Title</b> _____	<b>Duties:</b> _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____
<b>Job Title</b> _____	<b>Duties:</b> _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of employment _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____
<b>Job Title</b> _____	<b>Duties:</b> _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of employment _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____
<b>Job Title</b> _____	<b>Duties:</b> _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of employment _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____
<b>Job Title</b> _____	<b>Duties:</b> _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of employment _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____