



Michael Callahan  
Fire Chief

UNIFIED GOVERNMENT OF  
WYANDOTTE COUNTY/KANSAS CITY, KANSAS  
**FIREFIGHTER PENDING  
PARAMEDIC AND FIREFIGHTER  
PARAMEDIC**



Applications and instructions to applicants may be obtained in the Human Resources Department of the Unified Government of Wyandotte County/Kansas City, Kansas, 701 North 7th Street, Rm. 646, Kansas City, Kansas between the hours of **8:30 a.m. to 4:00 p.m.**, Monday through Friday.

Applicants must be a United States citizen; possess a valid driver’s license; good moral character; vision with at least 20/100 correctable to 20/30; and be 19 years of age by date of hire. Incomplete applications will not be accepted.

Upon successful completion of the hiring process, and while waiting for a Fire Academy class to commence, an applicant may be hired into a Civilian status. This position is designed to familiarize the individual with the day-to-day operations of the Fire department. Individuals are assigned to various assignments within the Fire Department, while waiting for the Fire Academy to start. This will allow the individual to learn valuable skills that will prepare them for the Fire Academy.

Applicants applying for **Firefighter Pending Paramedic** must have current certification as a Kansas Emergency Medical Technician (EMT); or currently possess a National Registry Certification. Current Kansas Certified Emergency Medical Technician who is currently enrolled in a Kansas Paramedic program; or a National Registry EMT who is currently registered in a National Registry EMT-P program must provide a letter from school of attendance confirming program enrollment and graduation date. **Pending-Paramedic (MICT) applicants must possess their Kansas Paramedic certification within one year from their date of hire; failure to do so will result in immediate termination.** Applicants with the National Registry Certification must complete the conversion process with the Kansas Board of Emergency Medical Services for Certification as a Kansas Emergency Medical Technician within Sixty (60) days of being hired. Failure to possess Kansas EMT Certification by those sixty (60) days will result in immediate termination. The approximate starting salary is **\$3124.07** per month.

Applicants applying for **Firefighter/Paramedic (MICT)** must have a current certification as a Kansas Paramedic; or currently possess a National Registry Certification as a Paramedic (EMT-P). Applicants with the National Registry Certification (EMT-P) must complete the conversion process with the Kansas Board of Emergency Medical Services for Kansas Certification within sixty (60) days from the date of hire. Failure to possess Kansas Certification within those sixty (60) days will result in immediate termination. Applicants must have current ACLS Certification. The approximate starting salary is: **\$3592.09** per month.

Testing for the position will be conducted on a quarterly basis. Applicants sitting for the written examination are required to score 70% or above and pass the physical agility within 4:10 seconds in order to proceed in the process. Applicants are required to submit an application along with required documentation prior to the testing deadline to reserve a seat. Confirmation of test location and time will be provided to the applicant at time of application. Testing dates are subject to change. Failure to attend any portion of the testing will result in disqualification.

**TESTING DATES**

Deadline to Apply	Written Date	Voluntary Walk Through	Physical Agility Test	Preliminary Interviews
August 21, 2019	August 23, 2019	August 23, 2019	August 29, 2019	August 29, 2019
October 23, 2019	October 30, 2019	October 30, 2019	November 8, 2019	November 8, 2019
February 19, 2020	February 26, 2020	February 26, 2020	March 6, 2020	March 6, 2020
April 29, 2020	May 5, 2020	May 5, 2020	May 15, 2020	May 15, 2020
September 23, 2020	September 30, 2020	September 30, 2020	October 9, 2020	October 9, 2020

**Applicants applying for Firefighter Pending Paramedic or Firefighter Paramedic must return the completed application with all of the following:**

- Official High School Transcript (Sealed Envelope) (ANY AND ALL HIGH SCHOOLS ATTENDED)
- Official GED displaying scores (Sealed Envelope) (IF APPLICABLE)
- Official College Transcripts – if applicable (Sealed Envelope) (ANY AND ALL COLLEGES ATTENDED)
- Birth Certificate (Original State Certified Document) (A COPY IS NOT ACCEPTABLE)
- Valid Driver's License
- Proof of Certification (Must show expiration date)
- ACLS Certification (Paramedic's only)
- DD-214 – Long form which specifies type and reason for discharge (If applicant has prior military service)
- Pre-Employment Questionnaire

**\*\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\*\***

**PLEASE NOTE: YOU MUST PRESENT THE ORIGINAL DOCUMENTS REQUIRED – COPIES WILL NOT BE ACCEPTED.  
HUMAN RESOURCES WILL COPY DOCUMENTS THAT ARE REQUIRED.**

Applicants applying for the position of Firefighter Pending Paramedic or Firefighter Paramedic will be required to pass a written examination and physical ability examination. Applicants passing both the written and physical agility will proceed to a preliminary interview and background check and CVSA. Applicants selected for a conditional offer of employment will participate in post offer physical and drug screen. Applicant must be a resident of Wyandotte County or willing to relocate within 12 months from date of hire.

***The United Government of Wyandotte County / Kansas City, Kansas is an Equal Opportunity Employer and values diversity in its workforce.***



**FIREFIGHTER PARAMEDIC/  
FIREFIGHTER PENDING  
PARAMEDIC**



**To Obtain An Application:** Application packets may be picked up in the Human Resources Department of the Unified Government of Wyandotte County/Kansas City, Kansas, 701 North 7<sup>th</sup> Street, Room 646, Kansas City, Kansas 66101 between the hours of **8:00 a.m. and 5:00pm** Monday thru Friday. Application packets may be requested from Human Resources by phone, email, or by mail at the below address.

**ONLINE APPLICATIONS WILL NOT BE ACCEPTED FOR THE FIREFIGHTER PARAMEDIC/FIREFIGHTER PENDING PARAMEDIC POSITION.**

Applicants applying for Firefighter Paramedic or Firefighter Pending Paramedic must return the completed application, in-person, with all of the following original documents:

**(\*\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\*\*)**

- Official High School Transcript (Sealed Envelope) (ANY AND ALL HIGH SCHOOLS ATTENDED)
- Official GED displaying scores (Sealed Envelope) (IF APPLICABLE)
- Official College Transcripts – if applicable (Sealed Envelope) (ANY AND ALL COLLEGES ATTENDED)
- Birth Certificate (Original State Certified Document) (A COPY IS NOT ACCEPTABLE)
- Valid Driver’s License
- Proof of Certification (Must show expiration date)
- ACLS Certification (Paramedics only)
- DD-214 – Long form which specifies type and reason for discharge (if applicant has prior military service)
- Pre-Employment Questionnaire

**PLEASE NOTE: YOU MUST PRESENT THE ORIGINAL DOCUMENTS REQUIRED – COPIES WILL NOT BE ACCEPTED. HUMAN RESOURCES WILL COPY DOCUMENTS THAT ARE REQUIRED.**

**Out of Town Applicants:** Applicants outside of a 50-mile radius are considered out of town applicants. (This includes Topeka to the West, St. Joseph to the North, Warrensburg to the East, and Paola to the South). Out of town applicants may submit their applications by mail, provided all required documentation is included.

Tentative Dates:

<b>Deadline to Apply</b>	<b>Written Date</b>	<b>Voluntary Walk Through</b>	<b>Physical Agility Test</b>	<b>Preliminary Interviews</b>
August 21, 2019	August 23, 2019	August 23, 2019	August 29, 2019	August 29, 2019
October 23, 2019	October 30, 2019	October 30, 2019	November 8, 2019	November 8, 2019
February 19, 2020	February 26, 2020	February 26, 2020	March 6, 2020	March 6, 2020
April 29, 2020	May 5, 2020	May 5, 2020	May 15, 2020	May 15, 2020
September 23, 2020	September 30, 2020	September 30, 2020	October 9, 2020	October 9, 2020

(This information is provided as a courtesy for the applicant and is not intended to be utilized for any other purposes)  
EOE

# **Kansas City, KS Fire Department**

## **Disqualifiers**

- DUI within the last 3 years
- Multiple DUI's
- Marijuana use within the last 12 months
- Illicit drug use within the last 3 years
- Falsification of documentation

**APPLICATION FOR EMPLOYMENT  
UNIFIED GOVERNMENT OF  
WYANDOTTE COUNTY/KANSAS CITY, KANSAS**

**Human Resources**

701 North Seventh Street, Suite 646

Kansas City, Kansas 66101-3064

(913) 573-5660 • [www.wvcokck.org](http://www.wvcokck.org) • (913) 573-5688 (Job Line)

**PLEASE PRINT**

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Other name under which you have worked: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Number and Street)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

PM Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ AM Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Department: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(If required by position)

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT – PLEASE READ CAREFULLY**

The information I have supplied is true and correct to the best of my knowledge. I agree that all statements I have made herein are subject to investigation and confirmation by the Unified Government. I understand that any falsifications, misrepresentations, or omissions of fact may preclude or result in withdrawal of an offer of employment or may result in discharge from employment if I am already employed.

I agree that the Unified Government may verify the information I have given relating to my background. I authorize any current or former employer, educational institution, or other person or entity to disclose any information relating to my background, other than information whose disclosure would be expressly prohibited by statute, and release any current or former employer, educational institution, or other person or entity who discloses such information from any and all liability for making such disclosure.

I understand that any offer of employment made to me will be subject to my passing a physical examination and drug screen prior to beginning employment.

I further understand that, if employed by the Unified Government, I must be a resident of Wyandotte County, Kansas or be willing to relocate within twelve months of the date of hire.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY		

We appreciate your interest in our organization and assure you we will fairly consider your qualifications. All questions must be answered carefully and completely. If a question does not apply, write **D.N.A.** If you have a resume, please attach it to this application. **PLEASE PRINT.**

*PERSONAL DATA*

Are you legally authorized to work in the United States? Yes  No  (Proof of identify and eligibility will be required upon hire.)

Have you previously been employed by the Unified Government? Yes  No

If yes, when? \_\_\_\_\_ Department: \_\_\_\_\_

Are you related to someone who currently is employed by the Unified Government? Yes  No  If yes, please list relative(s)

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

*EDUCATION AND TRAINING*

Highest level completed: Less than 8<sup>th</sup> grade  Less than high school

Level	Name and Location of School	Degree Earned	Major
High School/GED	_____	_____	_____
College/University	_____	_____	_____
Vocational/Business	_____	_____	_____
Other (Specify)	_____	_____	_____

Specialized training, course work, licenses, or certifications received which you feel better qualify you for the position for which you are applying.

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

Typing speed \_\_\_\_\_ Shorthand speed \_\_\_\_\_ Other office machines \_\_\_\_\_

List all other skills you have that could help you qualify for other Unified Government positions:

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

*EMPLOYMENT HISTORY*

List below present and past employment, beginning with your most recent employer.

Name and address of company and type of business:	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	Reason for Leaving
_____	_____/____	_____/____	_____	_____	_____

Describe your duties: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes  No

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Job Title: \_\_\_\_\_

<b>Name and address of company and type of business:</b>	<b>From Mo./Yr.</b>	<b>To Mo./Yr.</b>	<b>Starting Salary</b>	<b>Ending Salary</b>	<b>Reason for Leaving</b>
_____	____/____	____/____	_____	_____	_____
_____	<b>Describe your duties:</b> _____				
_____	_____				
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Telephone: (____) _____ - _____					
Job Title: _____					
<b>Name and address of company and type of business:</b>	<b>From Mo./Yr.</b>	<b>To Mo./Yr.</b>	<b>Starting Salary</b>	<b>Ending Salary</b>	<b>Reason for Leaving</b>
_____	____/____	____/____	_____	_____	_____
_____	<b>Describe your duties:</b> _____				
_____	_____				
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Telephone: (____) _____ - _____					
Job Title: _____					
<b>Name and address of company and type of business:</b>	<b>From Mo./Yr.</b>	<b>To Mo./Yr.</b>	<b>Starting Salary</b>	<b>Ending Salary</b>	<b>Reason for Leaving</b>
_____	____/____	____/____	_____	_____	_____
_____	<b>Describe your duties:</b> _____				
_____	_____				
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Telephone: (____) _____ - _____					
Job Title: _____					
<b>Name and address of company and type of business:</b>	<b>From Mo./Yr.</b>	<b>To Mo./Yr.</b>	<b>Starting Salary</b>	<b>Ending Salary</b>	<b>Reason for Leaving</b>
_____	____/____	____/____	_____	_____	_____
_____	<b>Describe your duties:</b> _____				
_____	_____				
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Telephone: (____) _____ - _____					
Job Title: _____					

**Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation?**

Yes  No

*REFERENCES*

**PERSONAL**

Name	Address	Phone No.
		( ) -
		( ) -
		( ) -

**PROFESSIONAL**  
(Supervisor, Teacher, etc.)

Name	Address	Phone No.
		( ) -
		( ) -
		( ) -

The Unified Government of Wyandotte County/Kansas City, Kansas is an equal opportunity employer and will ensure that all applicants are considered for hire without regard to race, color, religion, national origin, sex, age, disability, or veteran status.



Date \_\_\_\_\_

Position Title \_\_\_\_\_

**UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS**  
Equal Employment Opportunity Survey

This information will be immediately separated from your application and will in no way influence your chances for employment with our organization. Completion of this form is voluntary.

**GENDER**

- 1.  male
- 2.  female

**AGE**

- 1.  under 18
- 2.  18 - 29
- 3.  30 - 39
- 4.  40 and over

**EDUCATION**

- 1.  less than high school
- 2.  high school diploma or GED
- 3.  AA degree
- 4.  BA/BS degree
- 5.  vocation or business school
- 6.  college (no degree)
- 7.  other

**RACE/ETHNIC GROUP**

- A.  Hispanic or Latino Male
- B.  Hispanic or Latino Female
- C.  White Male
- I.  White Female
- D.  Black or African American Male
- J.  Black or African American Female
- E.  Asian Male
- K.  Asian Female
- F.  Native Hawaiian or other Pacific Islander Male
- L.  Native Hawaiian or other Pacific Islander Female
- G.  American Indian or Alaskan Native Male
- M.  American Indian or Alaskan Native Female
- H.  Two or More Races Male (Non Hispanic or Latino)
- N.  Two or More Races Female (Non Hispanic or Latino)

**MARITAL STATUS**

- 1.  single
- 2.  married
- 3.  widowed
- 4.  divorced
- 5.  separated

**VETERAN STATUS**

- 1.  yes
- 2.  no

**HOW DID YOU LEARN ABOUT THIS JOB?**

- 1.  Walk-In
- 2.  Unified Government Employee
- 3.  Friend
- 4.  Job Service Center
- 5.  School
- 6.  Job Information Line
- 7.  Newspaper (Specify.) \_\_\_\_\_
- 8.  Internet (Specify.) \_\_\_\_\_
- 9.  KCKPD Facebook (Specify.) \_\_\_\_\_
- 10.  Unified Government HR Facebook (Specify.) \_\_\_\_\_
- 11.  Twitter (Specify.) \_\_\_\_\_
- 12.  other (Specify.) \_\_\_\_\_

- ┘ Official High School Transcript (Sealed Envelope)
- ┘ Official GED displaying scores (Sealed Envelope) (IF APPLICABLE)
- ┘ Official College Transcripts – if applicable (Sealed Envelope)
- ┘ Birth Certificate (Original State Certified Document) (A COPY IS NOT ACCEPTABLE)
- ┘ Valid Driver's License
- ┘ Proof of Certification (Must show expiration date)
- ┘ ACLS Certification (MICT's Only)
- ┘ DD-214 – Long form which specifies type and reason for discharge (If applicant has prior military service)
- ┘ Pre-Employment Questionnaire

**UNIFIED GOVERNMENT OF WYCO/KCK  
INFORMATION SHEET  
FIREFIGHTER PENDING PARAMEDIC/FIREFIGHTER PARAMEDIC**

<b>NAME:</b>	Last:	First:	Middle:
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Previous Residential Addresses (For the Past Seven Years)

Address	City	State/Zip Code	From	To

Have you ever applied for a position with the Unified Government? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Department Or Agency	Date Applied	Accepted Yes or No	If No, Give Reason for Rejection or Declining

If the answer to the above question is "Yes", explain reason for leaving:

U.S. Military or Naval Service	Rank

Drivers License Number	State	Expiration Date	Type

Has your license ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No. If "Yes", please explain.

Have you ever had a professional license refused or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", please explain.

Please answer the following questions Yes or No.

Have you ever been convicted of an offense other than traffic? Yes or No

Have you ever been convicted of a traffic violation? (Except parking or equipment violations) Yes or No

Have you ever been convicted of an offense under the Uniform Code of Military Justice? Yes or No

If the answer to any of the above questions is Yes, list the information requested below.

Date	Charge	Jurisdiction	Penalty

Were you ever covered by a surety bond in connection with other employment? Yes or No

Refused such a bond? Yes or No

In the event estimates are made as to dates, please identify them as such in order that they are not inadvertently interpreted as deliberate misrepresentations. Should you need more space to answer a question, please complete it on a separate sheet of paper. It is assumed that the applicant realizes that sufficient inquiry will be made to assure the validity of the information.

Submit the finished application **in person** to the Human Resources Department, 701 N. 7<sup>th</sup> Street, Rm. 646, Kansas City, Kansas 66101 before the closing date. Make certain to bring with you: your driver's license.

As part of the employment process I agree, consent, and authorize the Unified Government of Wyandotte County/Kansas City, Kansas or it's designee, to conduct a thorough investigation of my personal and professional background including credit, criminal, and driving records and have access to my employment records at my current employer and any employer for which I may have previously worked. I further fully realize and agree that any information which I give the Unified Government of Wyandotte County/Kansas City, Kansas and it's agent(s) is part of my pre-employment screening process and any information which is false will disqualify me from further consideration for employment. I agree to waive any claim or cause of action relating to such release of prior employment records and promise to defend and hold harmless the Unified Government of Wyandotte County/Kansas City, Kansas, it's officers, and employees from any claim or loss arising from such release. I sign this form freely under no threats and/or duress.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



Michael Callahan  
Fire Chief

UNIFIED GOVERNMENT OF  
WYANDOTTE COUNTY/KANSAS CITY, KANSAS  
**FIREFIGHTER PENDING PARAMEDIC/  
FIREFIGHTER PARAMEDIC**



**CANDIDATE PRE-EMPLOYMENT QUESTIONNAIRE**

**CONFIDENTIAL**

This preliminary questionnaire will be used to evaluate the fitness & qualifications of applicants for employment with the Kansas City, Kansas Fire Department. This questionnaire is to be completed by applicants at the initiation of the employment process or at any time thereafter as requested by the Unified Government or Kansas City, Kansas Fire Department. This document will become a permanent part of your personnel records and may be compared with other phases in the employment process. The Kansas City, Kansas Fire Department is committed to recruiting and employing individuals with the highest degree of integrity and reliability because of the critical nature of the position's responsibilities and the need for secure and confidential handling of sensitive information.

**ANY MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL RESULT IN YOUR DISQUALIFICATION OR EMPLOYMENT WITH THE KANSAS CITY, KANSAS FIRE DEPARTMENT SUBJECT YOU TO TERMINATION FROM EMPLOYMENT WITH THE KANSAS CITY, KANSAS FIRE DEPARTMENT.**

Answers must be printed legibly in blue or black ink.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number, Street, City, State & ZIP)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Driver's License Number: (\_\_\_\_) \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Form Reviewed by Supervisor: \_\_\_\_\_ Serial#: \_\_\_\_\_ Date: \_\_\_\_\_

\*CONFIDENTIAL\*

Answer each question by circling YES or NO. YES answers require additional information where asked.

1) Have you **EVER** applied for any position with the Unified Government?

YES                      NO

If so, when? \_\_\_\_\_

What position? \_\_\_\_\_

Disposition: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING BY CHECKING YES OR NO; THESE RESPONSES ARE CONSIDERED SIGNIFICANT IN THE SELECTION PROCESS.**

Yes \_\_\_\_\_ No \_\_\_\_\_ 1.                      Have you utilized a name other than what you have listed on the employment application? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ 2.                      Do you have a high school diploma or certificate of equivalence (GED)?

Yes \_\_\_\_\_ No \_\_\_\_\_ 3.                      Do you have a valid state driver's license? Which State: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ 4.                      Aside from your current license have you EVER held a valid driver's license in any other states? If yes, list those states. \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ 5.                      Do you have an automobile presently registered in your name?  
What state? \_\_\_\_\_

Yes              No              6.                      Have you ever pled guilty or been convicted of a crime? If yes, please state the date, jurisdiction, crime charged, disposition of the matter, and any information relevant to the matter. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ 7. Have you ever been placed on parole, probation, or diversion? If yes, please state the dates, duration, and nature of same and list the supervising agency. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ 8. Do you have any outstanding traffic warrants?

Yes \_\_\_\_\_ No \_\_\_\_\_ 9. Do you have any outstanding criminal warrants?

Yes \_\_\_\_\_ No \_\_\_\_\_ 10. Have you ever illegally bought or sold any controlled substance or prescription medication?

Yes \_\_\_\_\_ No \_\_\_\_\_ 11. Have you ever refused a breathalyzer test or been convicted of a DUI, or do you have any pending charges for a DUI? If yes, what State? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ 12. Have you ever been disciplined as a result of a sexual harassment or racial harassment complaint anywhere you have worked? If yes, when and what employer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ 13. Will you be able to establish Wyandotte County residency within one (1) year of your date of hire?

Yes \_\_\_\_\_ No \_\_\_\_\_ 14. Have you ever stolen from an employer? If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ 15. Have you ever been fired or terminated from a job? If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ 16.

Have you ever been forced to resign from a job? If yes, explain. \_\_\_\_\_

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Yes \_\_\_\_\_ No \_\_\_\_\_ 17.

Have you ever falsified a time or payroll record? If yes, explain. \_\_\_\_\_

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Yes \_\_\_\_\_ No \_\_\_\_\_ 18.

Have you ever had your paramedic or EMT certification suspended by the Board of EMS for any reason? If yes, please state the date, the charge, and the duration. \_\_\_\_\_

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Yes \_\_\_\_\_ No \_\_\_\_\_ 19.

Has a local medical director or medical authority suspended you or denied you permission to practice as a paramedic or EMT in their system? If yes, please state the date, the charge, the jurisdiction and the duration. \_\_\_\_\_

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Yes \_\_\_\_\_ No \_\_\_\_\_ 20.

Have you ever been disciplined over the provision of medical care? If yes, please state the date, the charge, the jurisdiction, and the discipline imposed. \_\_\_\_\_

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Yes \_\_\_\_\_ No \_\_\_\_\_ 21.

Have you ever had your driver's license suspended? If yes, please state the date, the charge, and the duration of the suspension \_\_\_\_\_

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Please complete the following drug usage form. Answer each category with a check mark (do not leave any blanks).

Have you ever used without a prescription or illegally supplied to another any of the following drugs?

	YES	NO	DATE LAST USED
MORPHINE			
COCAINE			
HEROIN			
METHAMPHETAMINE			
LSD			
MARIJUANA			
PCP			
FORMALDEHYDE			
HASHISH			
PRESCRIPTION DRUGS NOT PRESCRIBED TO YOU			
INHALED SOLVENTS			
OTHER HALLUCINOGENS			
DESIGNER DRUGS (ECSTASY, MDMA, ETC.)			

Comments:

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I hereby certify that there are no material misrepresentations or falsifications in my answers to the above questions. Should any part of my background investigation disclose such material misrepresentations or falsifications, I understand that my application will be rejected and I will be disqualified from further consideration.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date