



# COUNTY OF LANCASTER

FOUNDED 1651 IN VIRGINIA

## DEPARTMENT OF EMERGENCY SERVICES

LANCASTER COURTHOUSE  
8311 MARY BALL ROAD  
LANCASTER, VIRGINIA 22503

Don Gill  
County Administrator

Stephen M. Smith  
Chief

**804-462-5129**  
**804-462-0031 (FAX)**  
**www.lancova.com**

BOARD OF SUPERVISORS  
Jack Larson, 1<sup>st</sup> District  
Ernest W. Palin, Jr., 2<sup>nd</sup> District  
Jason D. Bellows, 3<sup>rd</sup> District  
William R. Lee, 4<sup>th</sup> District  
Dr. Robert S. Westbrook, 5<sup>th</sup> District

Dear Applicant:

Thank you for your interest in Lancaster County Emergency Services. To ensure completion of your application, please complete the checklist below, prior to submitting your application. Incomplete applications will not be considered.

- Review Job Announcement
- Review Position Description
- Complete Lancaster County Application for Employment
- Complete FBI Background Check through fieldprint. (See Attached Form)
  - Fingerprints must be completed at a fieldprint field office.
  - Registration for an appointment may be completed online at the Virginia Office of EMS website under the Regulation & Compliance Division.
- Submit a DMV report, retrieved within 30 days of application submission
- Submit a copy of the following certifications:
  - Virginia Office of EMS certification
  - BLS for Healthcare Providers or equivalent \
  - IS-100
  - IS-200
  - IS-700
  - IS-800
  - Emergency Vehicle Operators Course
  - Advanced Cardiac Life Support (if required)
- Submit a copy of any other certifications that you would like to have considered in the hiring process.
- Secure immunization record (required prior to start of work, if position is offered)
- A Physician's Certification of Applicant's Ability to Perform the Duties of an Emergency Medical Technician. This is not required as part of the application package and should be submitted only upon acceptance of a position.

I look forward to receipt of your application. Should you have any questions regarding this process, I may be contacted at [msmith@lancova.com](mailto:msmith@lancova.com).

Sincerely,

Stephen M. Smith  
Chief of Emergency Services



# Lancaster County Emergency Services



## Quick Employee Information Sheet

Please complete the following fields and return with your application

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State & ZIP

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Phone Carrier

\_\_\_\_\_  
Certification Number

\_\_\_\_\_  
Certification Level

# LANCASTER COUNTY

OFFICE OF ADMINISTRATION  
8311 MARY BALL ROAD  
SUITE 105  
LANCASTER, VIRGINIA 22503  
OFFICE - (804) 462-5129  
FAX LINE - (804) 462-0031



## APPLICATION FOR EMPLOYMENT

Please read these instructions before you complete your application.

Unless otherwise stated, applications are only accepted for jobs which are currently open. Be sure to list the title of the job you are applying for the way it appears in the job announcement. Complete the entire application. Incomplete applications may not be considered unless completed prior to testing or interview. Mail or bring your application to the Office of Administration at the address listed above by the closing date.

NAME \_\_\_\_\_  
last first middle

ADDRESS \_\_\_\_\_  
city state zip code

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_  
(Enter only if we may contact you at work)

POSITION APPLIED FOR \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_  
(Completion of this item is optional. Failure to submit social security number on this form will not prohibit employment. Social security number may be required on other forms prior to employment. A copy of card is required prior to employment.)

1. Have you ever worked for Lancaster County? Yes \_\_\_ No \_\_\_ If yes, date \_\_\_\_\_ Department \_\_\_\_\_
2. Are you under the age of 21? Yes \_\_\_ No \_\_\_ If yes, give birth date \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ If yes, State \_\_\_\_\_  
Do you have a valid Commercial Driver's License? Yes \_\_\_ No \_\_\_ If yes, State \_\_\_\_\_
4. Available for  full-time  part-time  evening/weekend hours

### EDUCATIONAL BACKGROUND

High School Graduate or Equivalency Certificate (GED)? Yes \_\_\_ No \_\_\_

If yes, name and location of school \_\_\_\_\_

If no, list highest grade completed \_\_\_\_\_

Name & location of college/university	Credits earned	Dates attended	Major/Subject	Degree (type & date received)

Describe any job-related courses or training you have completed.

\_\_\_\_\_

Special qualifications and skills (e.g., special equipment or software you can operate)

\_\_\_\_\_

\_\_\_\_\_

You are legally eligible for employment if you are a citizen of the United States. If you are not a citizen, you are legally eligible if you have completed a Form 1-151 or Form 1-551 (Alien Registration Receipt Card), or Form 1-94 with the appropriate class designation endorsed by the U. S. Immigration and Naturalization Service (INS) showing that you have been authorized to accept employment.

Are you legally eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_. If you are not a citizen, please state what form you have completed and the number \_\_\_\_\_. **YOU WILL BE REQUIRED TO PROVIDE THIS FORM OR PROOF OF CITIZENSHIP PRIOR TO EMPLOYMENT.**

### EMPLOYMENT HISTORY

Give a complete record of your employment history including part-time work, military service and volunteer work. **List all experience in order, starting with your present or most recent position and working back.** Describe your duties and responsibilities in each position. Account for all periods of unemployment. Attach additional sheets if necessary. Resumes may be attached for additional information. However, the application must be completed. **DO NOT INDICATE: "See resume."**

May we contact your present employer regarding your qualifications and record of employment? Yes \_\_\_ No \_\_\_.

1. Date of Employment From _____ to _____ Exact title of Position _____ _____ Employer _____ Address _____ _____ Supervisor _____ Telephone _____ No. of hours worked per week _____ Salary: Started at _____ per _____	Description of Work _____ _____ _____ _____ _____ Reason for leaving _____
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2. Date of Employment From _____ to _____ Exact title of Position _____ _____ Employer _____ Address _____ _____ Supervisor _____ Telephone _____ No. of hours worked per week _____ Salary: Started at _____ per _____	Description of Work _____ _____ _____ _____ _____ Reason for leaving _____
---	---

3. Date of Employment From _____ to _____ Exact title of Position _____ _____ Employer _____ Address _____ _____ Supervisor _____ Telephone _____ No. of hours worked per week _____ Salary: Started at _____ per _____	Description of Work _____ _____ _____ _____ _____ Reason for leaving _____
---	---

4. Date of Employment From _____ to _____ Exact title of Position _____ _____ Employer _____ Address _____ _____ Supervisor _____ Telephone _____ No. of hours worked per week _____ Salary: Started at _____ per _____	Description of Work _____ _____ _____ _____ _____ Reason for leaving _____
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5. Date of Employment	Description of Work
From _____ to _____	_____
Exact title of Position _____	_____
Employer _____	_____
Address _____	_____
Supervisor _____	_____
Telephone _____	_____
No. of hours worked per week _____	Reason for leaving _____
Salary: Started at _____ per _____	_____

1. Have you ever been convicted of any offense against the law, including all moving traffic violations, but excluding offenses committed before your 18th birthday which were finally adjudicated in a juvenile court or under a youth offender law? Yes \_\_\_\_\_ No \_\_\_\_\_. *A conviction does not automatically mean that you cannot be employed. What you were convicted of and how long ago are important. Give all facts so that a decision can be made, including the crime for which convicted, date of conviction, location of court proceeding, and specific sentence. (Attach additional sheets if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do you have any relatives employed by Lancaster County? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name \_\_\_\_\_ relationship \_\_\_\_\_ department \_\_\_\_\_

3. *Complete only for public safety positions.* Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

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**REFERENCES**

Provide the names of three individuals not related to you , in addition to the supervisors listed on the application, who can provide information regarding your ability to perform this job.

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NO.

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**PRIVACY ACT NOTICE FOR EMPLOYMENT FORMS****NOTICE TO APPLICANTS**

This information is provided pursuant to the Privacy Act of 1976 for individuals supplying information for inclusion in a system of records.

**POLICY**

The policy of Lancaster County is to collect, maintain, use and disseminate only the personal information required by law to accomplish a proper purpose.

**PURPOSE, USE, ACCESS AND DISSEMINATION**

Information furnished will be used primarily by Lancaster County departments/divisions and agencies to determine qualifications for employment, eligibility for transfer, reinstatement, promotion, and/or demotion. All or part of this information may be furnished to others as indicated below:

1. Representatives from County agencies, if required to determine employment suitability.
2. Federal, state and local agencies in which you have interest as a potential employee.
3. Federal, state and local agencies to create personnel files following your employment with Lancaster County.
4. Representatives of federal, state and local agencies engaged in investigating violations of the law.
5. Individuals or agencies requesting statistical data exclusive of personal identification.
6. Requesting agencies possessing your voluntary release of information and assuming confidential protection of information released.

**EFFECTS OF NONDISCLOSURE**

It is in your best interest to answer all questions. Your failure to complete the form may jeopardize your opportunity for employment.

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**CERTIFICATION AGREEMENT**

1. I have read and understand the above Privacy Act Notice for Employment Forms.
2. I hereby certify that this application is a complete record and that all entries and attachments are true and accurate to the best of my knowledge.
3. I authorize
  - Lancaster County to conduct a thorough background investigation, except as it pertains to race, origin, sex, age, or other non-job related criteria, to be used relative to my employment with the County. This investigation may include driving record checks and results of drug and alcohol test conducted by previous employer(s); and,
  - my former employers and those listed as references to provide any job related information they have about me, including results of drug and alcohol tests, and I release all concerned from any liability in connection with the release of this information.
4. I hereby agree that Lancaster County may, in accordance with the 1985 Amendments to the Fair Labor Standards Act and the Lancaster County Personnel Policies and Procedures Manual, award to me compensatory leave at the time and one-half rate in lieu of overtime pay for all overtime worked in excess of the maximum allowable number of hours under the County's Overtime Policy for Non-Exempt Employees.
5. I understand that:
  - false or incomplete statements made on the application are grounds for disqualification from employment;
  - I may be required to take a post offer medical examination given at the County's expense, and that my employment may be dependent upon the results of the examination;
  - if I am an applicant for a position of/sworn Police, a position that requires a CDL, is physically demanding or defined as safety sensitive, my post offer medical examination and subsequent periodic medical examinations as specified by the County's Physical Exam Program may include drug and alcohol screening; and
  - any employment is conditioned upon successful completion of a probationary period and that Lancaster County employs me "at will" and is not committed to any specific term of employment. This "at will" employment relationship may not be changed by any written document or by contract unless such a change is specifically acknowledged by an authorized executive of this organization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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This application shall remain valid for the posted position vacancy for six consecutive calendar months, with the exception of Public Safety applications, which shall remain valid for twelve consecutive calendar months.

**PRE-EMPLOYMENT INFORMATION**

**OPTIONAL.** This information will not be used for making employment decisions, and will not be kept with your application for employment. It is needed to analyze and assure compliance with State and Federal Equal Employment Opportunity laws and to meet the reporting requirements of these laws.

*Submission of this information is voluntary.*

Date of Application:
Position Applied for:
Male: _____ Female: _____
_____ White
_____ Black
_____ Hispanic
_____ Asian
_____ American Indian/Native American
_____ Other

*How did you find out about this available position?*

**LANCASTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**



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LANCASTER COURTHOUSE

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### Physician's Certification of Applicant's Ability to Perform the Duties of an Emergency Medical Technician

**SECTION I — TO BE COMPLETED BY THE APPLICANT (SEE REVERSE FOR INSTRUCTIONS). Please PRINT.**

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Date of Birth	Social Security No.
_____		_____	_____	_____
Address		City	State	Zip Code
_____	_____	_____		
Home Phone	Other Phone	Email Address		

By signing this form, I authorize the physician to conduct a physical examination, at my expense and complete the certification statement below.

_____	_____
Signature	Date

**SECTION II — TO BE COMPLETED BY CERTIFYING PHYSICIAN (SEE REVERSE FOR INSTRUCTIONS)**

**Physician's Certification** (Check one)

- I certify that in my professional medical judgment, the patient/applicant named above is able to engage in employment as an Emergency Medical Technician. (Refer to Physician's Instructions on back page.)
- In my professional medical judgment of the patient/applicant named above, I **cannot** certify that he/she is able to engage in employment as an Emergency Medical Technician. (Refer to Physician's Instructions on back page.)

_____		_____	
Type or Print Name of Physician		State of Licensure	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	
Office Phone	Other Phone	Email Address	
_____	_____	_____	
Physician Signature	Date	License Number	



## **Instructions**

### **Physician's Certification of Applicant's Ability to Perform the Duties of an Emergency Medical Technician**

#### **General Information**

This form is used to obtain a physician's certification and an applicant's acknowledgment. The purpose is to have a licensed physician certify that the applicant is able to engage in the activities of an Emergency Medical Technician.

#### **Applicant Instructions**

1. The applicant must complete Section I.
2. Have Section II of the form completed and signed by a Doctor of Medicine or Doctor of Osteopathy.
3. Return this completed form to:

Lancaster County Emergency Service  
8311 Mary Ball Road  
Lancaster, VA 22503

It is recommended that you keep a copy of this and all other financial aid forms for your records.

#### **Physician Instructions**

1. You may complete this form for the borrower only if you are a Doctor of Medicine or Doctor of Osteopathy legally authorized to practice in your state.
2. You are being asked to complete, sign and date this form to certify whether the applicant is or is not able to perform the duties of an Emergency Medical Technician, according the Functional Position Description for the Basic (Advanced) Life Support Provider, provided to you, by the applicant. Please check the box beside the statement applicable to the applicant's condition.



# Lancaster County Emergency Services



## Fingerprint-Based Background Checks



All EMS agency personnel (career, volunteer, certified, non-certified [*drivers/auxiliary*] and Operational Medical Directors) are required by Virginia Administrative Code 12VAC5-31-540 to submit fingerprints for a criminal history background check, no more than 60 days prior to the individual's affiliation with the EMS agency. The Virginia Office of Emergency Medical Services (OEMS) utilizes the state contractor Fieldprint to collect and submit electronic fingerprints for regulatory required background checks.

To submit your fingerprints, please visit the Virginia Office of EMS website, select the Regulation & Compliance Division, then select the **Fingerprint Submission** tab. Then, you'll click on "I'm joining a Career Agency", followed by your role as a "Virginia Certified Provider". Next, follow the onscreen link to Fieldprint and schedule your appointment to submit your fingerprints.

To schedule a fingerprinting appointment, please follow these simple instructions. Your application cannot be finalized, and a certification issued until you have completed your fingerprinting through Fieldprint.

1. Visit <http://fieldprintvirginia.com>
2. Click on the "*Schedule an Appointment*" button.
3. Enter an email address under "*New Users/Sign Up*" and click the "*Sign Up*" button. Follow the instructions for creating a Password and Security Question and then click "*Sign Up and Continue*".
4. Enter the Fieldprint Code **FPC1041C** when requested. The Agency number is 1192.
5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
7. If you have any questions or problems, you may contact the Fieldprint customer service team at 877-614-4364 or [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com).

The closest Fieldprint office from our location is located at 1399 Centerville Road in Shacklefords, Virginia. This office is open Monday through Friday from 9:00 AM to 4:00 PM.

3/12/2020