

**LINCOLN COUNTY
EMERGENCY MEDICAL SERVICES
Required Documentation**

Applicants for employment shall submit copies of the following documents. The Lincoln County Application for Employment must be received no later than **3 days prior** to the scheduled assessment center date. All other listed documents may be submitted with the Lincoln County Application for Employment or may be submitted on the day of the assessment center.

NOTICE: ALL SUBMITTED DOCUMENTS ARE SUBJECT TO VERIFICATION.

1. Completed **Lincoln County Application for Employment.**
2. A copy of your North Carolina (or state of residence) EMT-Basic, EMT-Intermediate, or EMT-Paramedic certification or license.
3. If Nationally Registered, a copy of your card.
4. Copy of a valid CPR Card (AHA Healthcare Provider's Card, ARC Professional Rescuer CPR Card, or CPR Instructor's Card). **Copy both sides of the card.**
5. EMT-Paramedics: Copy of a valid AHA Advanced Cardiac Life Support Certification Card. **Copy both sides of the card.**
6. Copy of your Driver's License.
7. **If Drivers License is NOT North Carolina** - **CERTIFIED** copy of your **driving record**. (Obtained from the MVA or DMV of **ALL** states in which you are licensed.)
8. Completed **Physical Agility Assessment Acknowledgment of Risk and Release Form.**
9. Completed and notarized **Authorization for Release of Personal Information Form.**
10. Completed **Availability Questionnaire.**
11. Complete and signed **Driver Notification System Authorization** (completed the morning of the Assessment Center)

Documents should be mailed or delivered to:

**Lincoln County EMS
Attn: Application Packet
720 John Howell Memorial Drive
Lincolnton, North Carolina 28092**

All candidates who successfully complete the assessment center and are offered a final interview shall present the following document(s) to the Lincoln County EMS Director on the date of the Director interview.

12. **CERTIFIED** copy of your **criminal records check**. (Obtained from the clerk of courts of **ALL** counties in which you have lived in the past **5** years.)

For Office Use Only:

Documents Complete: _____

Reviewed by: _____