

Nodaway County Ambulance District

APPLICATION FOR EMPLOYMENT

(Please print requested information in ink)

This application will be considered active for 1 year. If you have not been employed within this period and are still interested in employment at Nodaway County Ambulance District, contact the office and request that your application be reactivated.

Nodaway County Ambulance District is an Equal Opportunity Employer. All applicants and are considered for hire, promotion and job status, without regard to race, color, religion, sex, national origin, age, handicap.

PERSONAL INFORMATION:

Last Name/First Name/Middle Initial

Social Security No.

Street Address

City

State

Zip

(_____)_____
Telephone No.

Are you 18 years old or older? Yes No

Do you have any relatives employed by Nodaway County Ambulance District? Yes No

If yes, state Name/Relationship _____

POSITION APPLYING FOR: _____ Full time Part time PRN

Shift Preference: "A" Shift (06:00 to 06:00) "B" Shift (18:00 to 18:00) Any, both or other shift

Are you willing to take call if needed? Yes No

Are you willing to relocate to Maryville? (not required) Yes No

At what date would you be available to start work? _____

Do you have any physical, mental, or medical impairments or disability that would limit your job performance for the position which you are applying?

Yes No (if yes please explain): _____

Have you ever been found guilty or entered into a plea guilty or of *nolo contendere* in a criminal prosecution of any state or the United States for of any offence related to controlled substance or had such charges expunged? if yes please explain, give year:

Misdemeanor Yes No _____

Any felony or drug violations? Yes No _____

In the past three years have you ever knowingly used any narcotic, amphetamine or barbiturates, other than those prescribed to you by a physician? If yes please explain:

Yes

No _____

Are you a military veteran? Yes No If yes, What Branch? _____

Motor vehicle moving violations? Yes No _____

Have you ever had any of the following Revoked or suspended? If, Yes please explain:

Motor vehicle License? Yes No _____

Any EMS License? Yes No _____

Can you speak, read and write the English language? Yes No, other languages? _____

EDUCATION:

List names and locations of schools attended, courses of study, and whether you graduated.

High School: _____

College: _____

Technical School: _____

Years Completed	JUNIOR HIGH			HIGHSCHOOL					(GED)	COLLEGE				POST GRADUATE			
	6	7	8	9	10	11	12		1	2	3	4	1	2	3	4	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DEGREED EARNED: _____

CURRENT CERTIFICATIONS/SKILLS: _____

WORK EXPERIENCE:

Please list your employment record, explaining any periods of unemployment. Begin with your most recent employer.

Company Name	Address & Phone	Dates of Employment	Position Held	Work Performed	Reason for Leaving
		From _____ To _____			
		Rate of Pay _____	Name of Supervisor _____		
Company Name	Address & Phone	Dates of Employment	Position Held	Work Performed	Reason for Leaving
		From _____ To _____			
		Rate of Pay _____	Name of Supervisor _____		
Company Name	Address & Phone	Dates of Employment	Position Held	Work Performed	Reason for Leaving
		From _____ To _____			
		Rate of Pay _____	Name of Supervisor _____		
Company Name	Address & Phone	Dates of Employment	Position Held	Work Performed	Reason for Leaving
		From _____ To _____			
		Rate of Pay _____	Name of Supervisor _____		

Are you currently employed? Yes No May we contact your present employer? Yes No

Please describe any special skills, training or certifications you have that may qualify you for the position for which you are applying:

PROFESSIONAL REFERENCES:

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING THIS APPLICATION

I certify that the information contained in this application is correct to the best of my knowledge and I understand that any misstatement or omission of information is grounds for dismissal in accordance with Nodaway County Ambulance District policy.

I authorize Nodaway County Ambulance District, if offered a position, to conduct an investigative background check. I authorize the references listed above and previous employers to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that any offer of employment is contingent upon the receipt of a satisfactory background check.

In consideration of my employment, I agree to conform to the rules and regulations of Nodaway County Ambulance District, and understand that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the District or myself.

Applicant Name (Printed) _____

Applicant Signature _____

Date _____

Print this form, then complete & sign, mail to:

Nodaway County Ambulance District
103 Carefree Drive Maryville, MO 64468-3628

Fax 660-582-3728

or E-mail to bflorea@ncademail.com

If E-mailing, please be aware that you are sending personal information over an unsecure e-mail.

You can also send an e-mail and request that I respond to you in a secure e-mail so that you can send the application securely.