

MID-MO AMBULANCE DISTRICT

Employment Application
Equal Opportunity Employer

PERSONAL INFORMATION		Name (Last, First, Middle):			Date:	
SSN:		DL#/State:		Date of Birth:		
Present Address:			City:		State:	Zip:
Permanent Address:			City:		State:	Zip:
Home Phone:		Business Phone:		Pager #:		Cell Phone:
Can you prove your U.S. Citizenship? Mark One: <input type="checkbox"/> YES <input type="checkbox"/> NO				If not a U.S. Citizen, give Visa No. and Expiration Date:		

REQUIRED FOR CONSIDERATION

DESIRED POSITION	Position:	Availability Date:	Desired Compensation:
Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, may we inquire of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Ever worked for this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO		Where?	When?
Referred by:			

EDUCATION RECORD

School	Name and Location	Credits Earned	Major/Minor	Degree	Date Graduated
High School/GED				<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
EMT School					
Paramedic School					
Military School					
Military School					
College					
College					

EMT Level:	Number:	Expiration Date:	State:
<input type="checkbox"/> BCLS Current <input type="checkbox"/> Instructor <input type="checkbox"/> IT <input type="checkbox"/> ACLS Current <input type="checkbox"/> Instructor <input type="checkbox"/> PALS Current <input type="checkbox"/> Instructor <input type="checkbox"/> NRP Current <input type="checkbox"/> Instructor <input type="checkbox"/> PHTLS Current <input type="checkbox"/> Instructor <input type="checkbox"/> BTLS Current <input type="checkbox"/> Instructor <input type="checkbox"/> EMS Instructor <input type="checkbox"/> First Aid Instructor			

Have you ever been convicted of driving while intoxicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a moving motor vehicle violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any of the above questions, please explain when and where on the reverse side of this sheet.

PERSONAL REFERENCES (Persons not related to you but known for at least one year.)

Name	Address	Phone	Business	Years Known
1.				
2.				
3.				
4.				

WORK HISTORY (Starting with most recent employer, use additional sheets if necessary)

Employer:	Title:	Dates Employed:	
Address:	City:	State:	Zip:
Manager's Name:	Phone:	Starting Salary:	Ending Salary:
Reason for leaving:			

Employer:	Title:	Dates Employed:	
Address:	City:	State:	Zip:
Manager's Name:	Phone:	Starting Salary:	Ending Salary:
Reason for leaving:			

Employer:	Title:	Dates Employed:	
Address:	City:	State:	Zip:
Manager's Name:	Phone:	Starting Salary:	Ending Salary:
Reason for leaving:			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should request his/her application remain active.

I hereby understand and acknowledge that unless otherwise defined by applicable law any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at anytime with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

I understand that prior to official employment with the Mid-Mo Ambulance District, I will submit to drug and alcohol testing at the District's time and place of choice.

Signature of Applicant

Date

