MID-MO AMBULANCE DISTRICT

Employment Application Equal Opportunity Employer

PERSONAL INFOR	RMATION	Name (Last, Firs	st, Middle):							Date:		
SSN:	7	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? I	Mark One: ☐ YE	s □ NO	lf r	not a U.S. C		Visa No.	and Expira	ation Da	ate:		
REQUIRED FOR C	ONSIDER/	ATION	والمناورة والمناورة	.,		ndik. Masikal						
DESIRED POSITION Position:					Availability Date: De				Des	esired Compensation:		
					Yes, may we inquire of your present employer? YES NO)			
Ever worked for this company before? ☐ YES ☐ NO			Whe	Where?				Wh	When?			
Referred by:												
EDUCATION RECO	ORD	7:	utalAZT	air?	ラゴに合	na jour						-
School	Name and Location						Major/M	/Minor Degree			Date Graduated	
High School/GED					,-					□Diploma □ GED		
EMT School			Ø							tel		
Paramedic School	Paramedic School .											
Military School	School											
Military School	nool											
College												
College						1	т			1	_	
EMT Level:			Number:				Expirat	ion Date:				State:
□BCLS Current □Instructor □IT □ACLS Current □Instructor □PALS Current □Instructor □NRP Current □Instructor □PHTLS Current □Instructor □EMS Instructor □First Aid Instructor												
	Have you	ever been conv	victed of d	Iriving	g while in	toxicated	?		Yes	□No		
Have you ever been convicted of a moving motor vehicle violation? □Yes □No												
	Have you	ever been conv	victed of a	felor	ny or mis	demeano	r?		Yes	□No		
If you answered	"yes" to any	of the above of	questions	, plea	ase expla	in when a	and whe	ere on th	e reve	erse side d	of this	sheet.
PERSONAL REFE	RENCES (F	Persons not related	to you but l	known	for at least	one year.)	120		- 8		_	
Name Address					Phone		Bu	Business		ars Known		
1.											-	
2.		April Alle De la Companio								II.		
3.											_	
4.												

	I	The same of the sa	I Datas Em	In . 5 l			
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:	City:		Zip:			
Manager's Name:	Phone:	Starting Salary:		Ending Salary:			
Reason for leaving:							
Employer:	Title:		Dates Em	ployed:			
Address:	City:	City:		Zip:			
Manager's Name:	Phone:	Starting Salary:		Ending Salary:			
Reason for leaving:							
I certify that answers given herein a contained in this application for employ This application for employment she considered for employment beyond I hereby understand and acknowled organization is of an "at will" nature, what anytime with or without cause. It is for document or by conduct unless such of In the event of employment, I under discharge. I understand, also that I am I understand that prior to official em	ment as may be necessary in arriall be considered active for a perithis time period should request hidge that unless otherwise defined ich means that the Employee maurther understood that this "at will nange is specifically acknowledge retand that false or misleading infrequired to abide by all rules and	of my knowledge. I author iving at an employment decided of time not to exceed 90 is/her application remain and by applicable law any employ resign at any time and the "employment relationship and in writing by an authorized formation given in my applications of the employer	cision. O days. Any ctive. ployment rel e Employer may not be ed executive cation or inte	applicant wishing to ationship with this may discharge Employe changed by any written of this organization. erview(s) may result in			
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WAIVER

, hereby authorize the Mid-Mo Ambulance District to conduct a comprehensive background investigation to the extent the Mid-Mo Ambulance District deems necessary. I agree to truthfully provide any and all information requested by the Mid-Mo Ambulance District and further authorize and all person(s) or agencies contacted by the District, including but not limited to: medical records, employment records, financial records, military service records, criminal background check and any other information deemed necessary by the Mid-Mo Ambulance District.							
Mid-Mo Ambulance D	District. I unde Iid-Mo Ambu	erstand that in lance District	agency who releases any information requested by the information gathered is to determine my suitability for and will be retained by the Mid-Mo Ambulance District es.				
I have read the entire	above waive	er and fully ur	nderstand its contents and purpose.				
Signature of Applica	ant .		Witness				
Date	FO	Time R PERSONN	EL OFFICER USE ONLY				
Arrange Interview	Voc	No					
	165						
Employed	Yes	No	Date of Employment				
			Hourly Rate/Salary				
Date							
NOTES:	2.5						