



LINN COUNTY AMBULANCE
 28600 Hwy 11
 Brookfield, MO 64628
 660-258-2262



AT-WILL EMPLOYEMENT APPLICATION

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the District to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under State and Federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a physical fitness test, medical examination, and drug screening, which may include providing body substance samples. This application will remain active for 90 days.

PERSONAL INFORMATION

Name: Last		First		MI		E-mail address	
Home Phone		Mobile Phone		Work Phone			
Address		City		State		Zip Code	
DOB:		SSN:					

EMPLOYMENT INFORMATION

Position Applied for:		Date You Can Start Work:		Desired Salary: \$	
Do You Prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN			Can You work: <input type="checkbox"/> Weekends (Saturday and/or Sunday) <input type="checkbox"/> Evenings <input type="checkbox"/> Nights		

Please answer all of the following questions. When necessary, note question number and use an extra paper to provide explanations:

1) Are you at least 18 years of age and legally eligible for work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Will you work overtime when necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Have you received a description of the job or been made aware of essential functions of the job you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date:	
5) Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date:	
6) Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7) Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8) Have you been convicted of a crime? If yes. Please explain: <input type="checkbox"/> <input type="checkbox"/>	
9) Do you have any condition that would preclude you from doing any of the Essential Job Functions areas? Yes No	

EDUCATION

	Name and address of School	Course of Study	Years Completed	Diploma Degree
High School				
College				
Paramedic				
EMT-B				
Other				

EMPLOYMENT EXPERIENCE

Current Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving <input type="checkbox"/> <input type="checkbox"/>			
May we contact this employer? Yes No			

EMPLOYMENT EXPERIENCE (continued)

Next Most Recent Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Next Most Recent Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

MILITARY SERVICE

Branch of Service:	From:	To:
Rank at time of Discharge:	Type of Discharge:	
If other than honorable, please explain:		

JOB RELATED SKILLS

	Yes	No
Do you have a valid driver's license?		
Do you have a valid Paramedic license?		
Do you have a valid EMT-B or EMT-P license?		
Knowledge of Microsoft office (i.e., Outlook, Word, Excel, etc.)?		
Other related skills you feel may be helpful:		

CERTIFICATIONS

<input type="checkbox"/> ACLS	<input type="checkbox"/> BTLS	<input type="checkbox"/> CPR	<input type="checkbox"/> PALS	<input type="checkbox"/> PHTLS	<input type="checkbox"/> CRITICAL CARE
<input type="checkbox"/> ACLS Instr.	<input type="checkbox"/> BTLS Instr.	<input type="checkbox"/> CPR Instr.	<input type="checkbox"/> PALS Instr.	<input type="checkbox"/> PHTLS Instr.	

REFERENCES

Name	Phone #
Address	
Name	Phone #
Address	
Name	Phone #
Address	

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 of 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 inquire as to whether or not applications are being accepted at that time.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE ON AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. 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 there will be a 90-day provisional period. It is also understood 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.

Signature of Applicant

Date