



Johnson County Ambulance District

New Applicant Employment Requirements



All applications must submit the following in order to be considered for employment with the Johnson County Ambulance District.

1. Fill out the application in full. Applications must be completed even if a resume is submitted.
2. Three letters of recommendation from an identified professional.
3. A legible copy of the following:
 - a. Drivers license
 - b. Social security card
 - c. Missouri EMT or Paramedic License
 - d. Certification cards: CPR, ACLS, PHTLS, PALS, AMLS, other
4. Copies of any pertinent certificates of completion or special training.

Contract information:

PO Box 48, 500 E. Young Ave

Warrensburg, MO 64093

Tel: (660) 747-5735

Fax: (660) 212-0035

Email: makers@jocoamb.com

Employment Nondiscrimination: Johnson County Ambulance District (JCAD) will provide equal employment opportunity without regard to race, color, sex, age, disability, religion, national origin, marital status, sexual orientation, ancestry, political belief or activity, or status as a veteran.

At Will Employment: All employment and compensation with JCAD is "at will" which means that your employment can be terminated with or without cause, and with or without notice, at any time, at the option of either JCAD or yourself, except as otherwise provided by law.

Drug Free Workplace and Drug Testing: It is the policy of JCAD to ensure a drug and alcohol free workplace. JCAD requires all job applicants offered positions to submit to a drug test and will use a refusal to submit to a drug test or a positive confirmation drug test as a basis for refusal to hire the job applicant.

Johnson County Ambulance District Employment Application

The Johnson County Ambulance District (JCAD) will provide equal employment opportunity without regard to race, color, sex, age, disability, religion, national origin, marital status, sexual orientation, ancestry, political belief or activity, or status as a veteran.

The Johnson County Ambulance District (JCAD) is a drug-free workplace with a drug and/or alcohol testing program consistent with applicable federal, state, and local law.

Applicant Information

Last Name		First Name		M.I.	Date
Address				Apt.	
City		State	Zip	Interested in: <input type="checkbox"/> Volunteer	
Home Phone		Cell Phone		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	
Email		Social Security #		Date Available	
Position Applied For: <input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> Paramedic <input type="checkbox"/> Other - list:					
Are you are citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked for this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when?		
Do you have any relative who presently employed by this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, who?	

Education

High School		Address			
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree: <input type="checkbox"/> High school diploma <input type="checkbox"/> GED			
EMT Program		Address			
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructor		
EMT-I Program		Address			
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructor		
Paramedic Program		Address			
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructor		
College		Address			
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:		
Other		Address			
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:		

Certifications / Licensure

Drivers License: State	Number	Expiration Date	Class
Missouri EMS License: <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P	Number:	Expiration Date	
National Registry certification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number:	Expiration Date	
Healthcare Provider / Professional Rescuer BLS/ CPR: <input type="checkbox"/> Yes <input type="checkbox"/> No		Expiration Date	
ACLS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	PALS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date
ITLS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	PHTLS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date
PEPP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	PEARS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date
AMLS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	NRP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date
Other	Expiration Date	Other	Expiration Date

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Employment History (List from most recent to past)

Company		Phone	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary \$	Ending Salary \$
Company		Phone	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary \$	Ending Salary \$
Company		Phone	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary \$	Ending Salary \$
Company		Phone	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary \$	Ending Salary \$
Company		Phone	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary \$	Ending Salary \$

References (Please list three professional references. Do not include relatives or former employers)

1) Full Name		Relationship
Company		Phone
Address		
2) Full Name		Relationship
Company		Phone
Address		
3) Full Name		Relationship
Company		Phone
Address		

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Employment Application

Job Related Requirements

Are you 18 years of age or order? Yes No

Have you been convicted of any driving violations in the past 3 years? Yes No

Have you ever been convicted of a felony, or a misdemeanor involving a violent act, or the use or possession of a weapon? Yes No

Are you excluded from Medicare, Medicaid, or other federal programs by the Office of the Inspector General (OIG)? Yes No

Can you perform the essential physical and mental functions of this job, either with or without reasonable accommodations? Yes No

Are there specific times that you cannot work? Yes No If yes, when?

Notice to applicants

The Johnson County Ambulance District (JCAD) is an "at-will" employer as allowed by Missouri State law. This means that regardless of any provisions in this application, if hired, JCAD or the employee may terminate the employment relationship at any time, for any reason, with or without cause or notice.

All job offers are conditional upon receiving the results of a negative drug and/or alcohol screen, a satisfactory criminal background check, and a satisfactory driving record check.

Applicant Certification

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside.

I understand and agree that if I am offered a conditional offer of employment, I will be ask to consent to a pre-employment (post-offer) drug and/or alcohol test. If understand that if this drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to complete any requisite authorization forms for the drug and/or alcohol test.

I understand that any job offer and my continued employment is conditional upon receiving the results of a negative drug and/or alcohol screen, a satisfactory criminal background check, and a satisfactory driving record check.

I hereby authorize and grant permission to this company to make any investigation of my prior education and work history. I understand and authorize an investigation to be made whereby information is obtained through personal interviews with friends, neighbors, and other with whom I am acquainted. I understand and authorize an investigation to be made whereby information is obtained through information post or received from public internet sites, social media sites, and internet blogs. This investigation my include information as to my character, general reputation, and personal characteristics. I agree to complete any requisite authorization forms for the background investigation.

I hereby authorize and grant permission to any company, agency, party, or person contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, or local law, any party delivering information to this employer pursuant to this authorization from any liability, claims, charges, or causes of action which may have as a result of the delivery or disclosure of the above request information. I hereby release from liability this employer and its agents for seeking such information and all other persons, corporations, or organizations furnishing such information.

I understand that job related testing may be utilized in order to verify basic job related competence and to assist in the selection of the most qualified and capable applicants. I hereby agree to participate in the hiring selection job related testing process which may include written exams, skills verification, and physical agility tests. I hereby release from liability this employer and its agents for any and all claims for losses, damages, or personal injuries which might be suffered as a result of my voluntary participation in this examination and testing process.

I certify that all the information set forth in this application for employment and that I have provided is true, accurate, and complete to the best of my knowledge. I understand that if I am employed, false statements on this application, a resume, or any other documents I may present during the hiring selection process shall be considered sufficient cause for dismissal. I hereby authorized and grant permission to this company to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the Board of Directors has the authority to alter the foregoing. If hired, I agree to conform to and abide by the policies, procedures, and rules of the Johnson County Ambulance District.

Applicant Signature _____ Date _____