

# MILLER COUNTY AMBULANCE DISTRICT

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for:		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a current Missouri EMS License?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Missouri License Number:	
Are you Nationally Registered?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have a valid driver's license?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DL Number:	State: Exp Date:

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
TECHNICAL EDUCATION			
Class/Certification: <b>ACLS</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of Expiration:
Class/Certification: <b>PHTLS/ITLS</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of Expiration:
Class/Certification: <b>PALS</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of Expiration:
Class/Certification: <b>CPR</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of Expiration:
Class/Certification: <b>Haz Mat</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of Expiration:
Class/Certification: <b>NIMS</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of Expiration:
Additional Class/Certification:			Date of Expiration:
Additional Class/Certification:			Date of Expiration:
Additional Class/Certification:			Date of Expiration:
Additional Class/Certification:			Date of Expiration:

**EMS BACKGROUND**

Have you driven an emergency vehicle? If so, what type and for how long? :

Has your license been suspended or revoked? If so, when and for what? :

List the most recent traffic offense citation including date, time, place and description:

List any other traffic offense citation including date, time, place and description:

List criminal offenses that you've been convicted of including date, place and disposition:

Have you ever had a judgment against you in a medical malpractice suit? :

Has your medical malpractice insurer ever paid a claim involving your alleged medical malpractice? :

Do you have experience with ET CO <sub>2</sub> Monitoring? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Do you have experience with 12 Lead Interpretation? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Do you have experience with CPAP? :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Additional comments:

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>MISCELLANEOUS</b>			
Scholarships:			
Activities/Interests:			
Languages (spoken, written, read, note fluency):			
Hobbies:			
Special Talents:			
Why do you want to work for our company? :			
<b>MEDICAL</b>			
Do you agree to take a medical exam including drug and/or alcohol screening at company expense evaluating the bona fide occupational qualifications of the position? :    YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>		
Branch	From	To
Active	Reserves	
Name & Phone Number of Supervisor		
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

<b>DISCLAIMER AND SIGNATURE - PLEASE READ, INITIAL WHERE INDICATED, SIGN AND DATE.</b>	
I hereby certify that to the best of my knowledge and belief, the answers given by me to the questions and all statements made by me in this application are correct. Initials ____	
I hereby give permission to MCAD to contact appropriate licensing agency, and/or department of motor vehicle in any state to obtain my driving record. Initials ____	
If employed, I agree that all material created and produced whether in writing, graphic, or broadcasting form, all inventions new or changes in processes developed during my employment are the exclusive property of the company to use and/or sell and that subsequently to my employment with this company I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an official of the company. Initials ____	
I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last known address. Initials ____	
I consent that you the employer or its agents may obtain both personal and job-related information that is relevant to the consideration of this application for employment. Initials ____	
Signature	Date

**Miller County Ambulance District** does not discriminate against any person on the basis of race, color, national origin, disability, sex or age in admission, treatment, or participation in its programs, services and activities, or in employment. No person shall be excluded from participation in, or be denied the benefits of any service, or be subjected to discrimination because of race, color, nationality, religion, sex, age, disabled and recently separated, other protected, and Armed Forces Service medal veterans.