



# MARION COUNTY AMBULANCE DISTRICT

## Employment Application

MO# \_\_\_\_\_

### APPLICANT INFORMATION

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

### EDUCATION

High School		Address			
From	To	Did you graduate?	YES	NO	Degree
College		Address			
From	To	Did you graduate?	YES	NO	Degree
Other		Address			
From	To	Did you graduate?	YES	NO	Degree

### TECHNICAL EDUCATION

Class/Certification: <b>ACLS</b>	YES	NO	Date of Expiration:
Class/Certification: <b>PHTLS/ITLS</b>	YES	NO	Date of Expiration:
Class/Certification: <b>PALS</b>	YES	NO	Date of Expiration:
Class/Certification: <b>CPR</b>	YES	NO	Date of Expiration:
Class/Certification: <b>Haz Mat</b>	YES	NO	Date of Expiration:
Class/Certification: <b>NIMS</b>	YES	NO	Date of Expiration:
Additional Class/Certification:			Date of Expiration:
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## 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 NO

Do you have experience with 12 Lead Interpretation? :

YES NO

Do you have experience with CPAP? :

YES NO

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	

**PREVIOUS EMPLOYMENT**

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	NO
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	NO
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	NO

**MISCELLANEOUS**

Scholarships:
Activities/Interests:
Languages (spoken, written, read, note fluency):
Hobbies:
Special Talents:
Why do you want to work for our company? :

**MEDICAL**

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            NO
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