

MARION COUNTY AMBULANCE DISTRICT

Employment Application

MO#		

APPLICANTI	HICKIMATION						
Last Name			First			M.I.	Date
Street Address			<u>'</u>			Apartment/	Unit #
City			State			ZIP	
Phone			E-mail A	ddress		·	
Date Available						Desired Sa	ılary
Position Applied	for:		<u>'</u>			Full	Time Part Time
Are you a citizen	of the United Sta	tes? YES	NO	If no, are	you authorized t	to work in the U.S	S.? YES NO
Do you have a cl License?	urrent Missouri EN	1S YES	NO		Missouri I	License Number:	
Are you National	ly Registered?	YES	NO				
Do you have a v	alid driver's licens	e? YES	NO	DL Numbe	er:	State:	: Exp Date:
EDUCATION							
High School			Address				
From	То	Did you graduate	? YES	NO	Degree		
College			Address				
From	То	Did you graduate	? YES	NO	Degree		
Other			Address				
From	То	Did you graduate	? YES	NO	Degree		
TECHNICAL E	DUCATION						
Class/Certificatio	n: ACLS		YES	NO		Date of Expiration	n:
Class/Certificatio	n: PHTLS/ITLS	5	YES	NO		Date of Expiration	n:
Class/Certificatio	n: PALS		YES	NO		Date of Expiration	n:
Class/Certificatio	n: CPR		YES	NO		Date of Expiration	n:
Class/Certificatio	n: Haz Mat		YES	NO		Date of Expiration	n:
Class/Certificatio	n: NIMS		YES	NO		Date of Expiration	n:
Additional Class/	Certification:					Date of Expiration	n:
Additional Class/	Certification:					Date of Expiration	n:
Additional Class/	Certification:					Date of Expiration	n:
Additional Class/	Certification:					Date of Expiration	n:

EMS BACKGROUND		
Have you driven an emergency vehicle? If so, what type a	and for how lo	ong? :
Has your license been suspended or revoked? If so, when	and for what	?:
List the most recent traffic offense citation including date,	time, place a	nd description:
List any other traffic offense citation including date, time,	place and des	cription:
List criminal offenses that you've been convicted of includi	ng date, place	e and disposition:
Have you ever had a judgment against you in a medical m	alpractice sui	t? :
Has your medical malpractice insurer ever paid a claim inv	olving your al	leged medical malpractice? :
Do you have experience with ET CO ₂ Monitoring?:	YES	NO
Do you have experience with 12 Lead Interpretation? :	YES	NO
Do you have experience with CPAP? :	YES	NO
REFERENCES		
Please list three professional references.		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		

	PLOYMENT					
Company				Phone ()	
Address				Supervisor		
Job Title			Starting Salary	\$		Ending Salary \$
Responsibilities						
From	То	Reason for Leaving				
May we contact yo	our previous superv	risor for a reference?	YES	NO		
Company				Phone ()	
Address				Supervisor		
Job Title			Starting Salary	\$		Ending Salary \$
Responsibilities						
From	То	Reason for Leaving				
May we contact yo	our previous superv	risor for a reference?	YES	NO		
Company			Phone ()		
Address				Supervisor		
Job Title			Starting Salary	\$		Ending Salary \$
Responsibilities						
Responsibilities From	То	Reason for Leaving				
From		Reason for Leaving risor for a reference?		NO		
From	our previous superv			NO		
From May we contact yo	our previous superv			NO		
From May we contact you MISCELLANEO	our previous superv			NO		
From May we contact you MISCELLANEO Scholarships:	our previous superv	risor for a reference?		NO		
From May we contact you MISCELLANEO Scholarships: Activities/Interests	our previous superv	risor for a reference?		NO		
From May we contact you MISCELLANEO Scholarships: Activities/Interests Languages (spoker	our previous superv	risor for a reference?		NO		
From May we contact you MISCELLANEO Scholarships: Activities/Interests Languages (spoker Hobbies:	our previous supervious : n, written, read, no	visor for a reference?		NO		
From May we contact you MISCELLANEO Scholarships: Activities/Interests Languages (spoker Hobbies: Special Talents:	our previous supervious : n, written, read, no	visor for a reference?		NO		
From May we contact you MISCELLANEO Scholarships: Activities/Interests Languages (spoker Hobbies: Special Talents:	our previous supervious : n, written, read, no	visor for a reference?		NO		

MILITARY SERVICE	
Branch	From To
Active	Reserves
Name & Phone Number of Supervisor	
Rank at Discharge	Type of Discharge
If other than honorable, explain	
DISCLAIMER AND SIGNATURE - PLEASE	READ, INITIAL WHERE INDICATED, SIGN AND DATE.
I hereby certify that to the best of my knowledge and this application are correct. Initials	I belief, the answers given by me to the questions and all statements made by me in
I hereby give permission to MCAD to contact appropriativing record. Initials	iate licensing agency, and/or department of motor vehicle in any state to obtain my
	duced whether in writing, graphic, or broadcasting form, all inventions new or ent are the exclusive property of the company to use and/or sell and that subsequent

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

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

Signature

Date

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^{*}Marion 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, Armed Forces Service medal veterans, or any other protected class.