



RALLS 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: ACLS	YES	NO	Date of Expiration:
Class/Certification: PHTLS/ITLS	YES	NO	Date of Expiration:
Class/Certification: PALS	YES	NO	Date of Expiration:
Class/Certification: CPR	YES	NO	Date of Expiration:
Class/Certification: Haz Mat	YES	NO	Date of Expiration:
Class/Certification: NIMS	YES	NO	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 CO₂ 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

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 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 RCAD 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 through various means that is relevant to the consideration of this application for employment. Initials

Signature

Date



--

***Ralls 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.**