



# North Crawford County Ambulance District Application for Employment

## PERSONAL INFORMATION

Name (Last, First, Middle)		Social Security No.	
Address	City	State	Zip Code
Phone No. (Home and Cell)		e-mail	

## EMPLOYMENT DESIRED

Position	Date Available	Salary Desired
Are You Employed ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## EDUCATION HISTORY

	Name and Location of school	Years Attended	Did You Graduate	Subjects Studied
Elementary School				
High School				
College				
Trade or Career School				

## GENERAL INFORMATION

Subjects or Special Training and Skills

## FORMER EMPLOYERS (List below your last three employers name and phone number, starting with last one first)

Date Month and Year	Name & Phone Number of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

## REFERENCES (Please provide the names of three persons not related to you whom you have know at least one year.)

Name and Business	Address	Contact	Years Known
Name	Mailing	Phone	
Business	City, State, Zip	e-mail	
Name	Mailing	Phone	
Business	City, State, Zip	e-mail	
Name	Mailing	Phone	
Business	City, State, Zip	e-mail	

## AUTHORIZATION

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disability Act (ADA) and other relevant federal and state laws.”

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ATTACHMENTS AND ACKNOWLEDGMENTS**

**THE NORTH CRAWFORD COUNTY AMBULANCE DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. EMPLOYMENT DECISIONS ARE MADE WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE DISABILITY OR GENETIC INFORMATION.**

**Successful completion of pre-employment background check, drug test, medical examination and physical agility test are conditions for employment.**

**Each applicant must have a High School Diploma or GED equivalency.**

**Copies of current State of Missouri EMT or Paramedic license, and valid Missouri driver license must be submitted with this application.**

**Please provide copies of any of the following certifications (preferred). BLS, ACLS, PHTLS, BTLS, PALS/PEPP and CEVO.**

**Applications are obtained at and submitted to the North Crawford County Ambulance District Administrative Offices, 101 American Way, Cuba, MO 65453.**

**RESUME OR CURRICULUM VITAE (CV)**

Please attach a current **Resume or Curriculum Vitae** with this application describing employment, educational history and detailed job duties. Please include required attachments listed on inside.

**CERTIFICATIONS**

*Please indicate all certifications you possess and date of expiration*

Have	Certification	Expiration or Date Acquired
<input type="checkbox"/>	BLS for Healthcare Provider	
<input type="checkbox"/>	BLS Instructor	
<input type="checkbox"/>	ACLS Provider	
<input type="checkbox"/>	ACLS Instructor	
<input type="checkbox"/>	PALS Provider	
<input type="checkbox"/>	PALS Instructor	
<input type="checkbox"/>	<input type="checkbox"/> PEPP or <input type="checkbox"/> APLS Provider	
<input type="checkbox"/>	<input type="checkbox"/> PEPP or <input type="checkbox"/> APLS Instructor	
<input type="checkbox"/>	NALS Provider	
<input type="checkbox"/>	NALS Instructor	
<input type="checkbox"/>	AMLS Provider	
<input type="checkbox"/>	AMLS Instructor	
<input type="checkbox"/>	<input type="checkbox"/> PHTLS or <input type="checkbox"/> BTLS Provider	
<input type="checkbox"/>	<input type="checkbox"/> PHTLS or <input type="checkbox"/> BTLS Instructor	
<input type="checkbox"/>	EMS Instructor	
<input type="checkbox"/>	NIMS <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 700 <input type="checkbox"/> 701 <input type="checkbox"/> 702 <input type="checkbox"/> 703 <input type="checkbox"/> 704 <input type="checkbox"/> 706 <input type="checkbox"/> 800	
<input type="checkbox"/>	CEVO or Equivelant _____	
<input type="checkbox"/>	<i>Other:</i>	
<input type="checkbox"/>	<i>Other:</i>	
<input type="checkbox"/>	<i>Other:</i>	
<input type="checkbox"/>	<i>Other:</i>	

# North Crawford County Ambulance District



## Employment Application Packet

Applicant Name

Last:

First:

Middle: