

Union Ambulance District Employment Application

Position Applied For:	Type of Employment: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Date:
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Last Name:	First Name:	Middle Name:
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Address: (No., Street, City, State, Zip)
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Social Security Number:	Telephone Number: (Home)	Telephone Number: (Cell)
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Email Address:

Previous Address: (if at current address less than 3 years)

Do you have a current State EMS license? Yes <input type="checkbox"/> No <input type="checkbox"/>	EMS 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:	Class:	State:	Exp. Date:
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Education:

Secondary School attended and location:	Highest grade successfully completed:
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University attended and Location:	No. of years completed:	Degrees:
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Major subjects of specialization:

EMT Training (Name of Training Entity, City, State)

Paramedic Training (Name of Training Entity, City, State)

Other Educational Training / Courses:

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Technical Education:

ACLS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Exp. Date:
PHTLS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Exp. Date:
PALS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Exp. Date:
CPR	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Exp. Date:
Additional Class/Certification:			Exp. Date:
Additional Class/Certification:			Exp. Date:
Additional Class/Certification:			Exp. Date:
Additional Class/Certification:			Exp. Date:
Additional Class/Certification:			Exp. Date:

Driving/Legal Issues:

Driving Experience	Legal Issues
Have you ever driven an emergency vehicle? If so, what type and for how long?	Have you ever had a judgment against you in a medical malpractice suit?
Has your license ever been suspended or revoked? If so, when and for what?	If any of these questions at left or above were answered yes, describe the event and conclusion in full.
List most recent traffic offense citation, including: Date, Place and Disposition	
List any other traffic offense citations, including: Date, Place and Disposition	

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Employment History (list present or most recent position first):

Name of Employer:		Address:	
Department:	Position:	Date Hired:	Date Left Employment:
Describe your duties:			
Name and Position of Immediate Supervisor			
Reason for Leaving			

Name of Employer:		Address:	
Department:	Position:	Date Hired:	Date Left Employment:
Describe your duties:			
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Name of Employer:		Address:	
Department:	Position:	Date Hired:	Date Left Employment:
Describe your duties:			
Name and Position of Immediate Supervisor			
Reason for Leaving			

May we ask your present employer for a reference? Yes No

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References (please do not list any relatives or former employers):

Name:	Relationship:
Company:	Phone:
Address	
Name:	Relationship:
Company:	Phone:
Address	
Name:	Relationship:
Company:	Phone:
Address	

Do you know anyone currently working for this company?

Activities / Interests / Hobbies (Student, Professional, Community, et.)

Special Talents

Languages (spoken, written, read) Not fluency

Articles or texts published

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Military Service

Branch:	From:	To:
Active:	Reserves:	
Name of Supervisor:	Phone:	
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Why do you want to work for our company?

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We appreciate your interest in seeking employment with us. Please feel free to make any additional remarks in the space provided below. You may also attach any additional information that would be helpful in evaluating your qualifications.
Additional Remarks:

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 foregoing questions and all statements made by me in this application are correct. Initials _____

I hereby give permission to Union Ambulance District to contact appropriate licensing agencies, and/or department of motor vehicle in any state to obtain my driving record. I understand that if my driver record is not “clean” my offer of employment may be revoked. 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 officer 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 known address. Initials _____

I consent to submit a complete background check from the Missouri State Highway Patrol at my own cost if offered employment. Initials _____

I consent to blood and alcohol testing paid for by Union Ambulance District if offered employment, and I understand that if I refuse such test my employment offer will be revoked, or if I test positive for drugs or alcohol, my offer may be revoked, and I may be excluded from further employment consideration for one year. Initials _____

I understand that on the first date of employment I will be required to complete an I-9 form verifying I am eligible for employment in the United States. This form requires that I present documentation within 3 business days of the date employment begins. If I cannot produce the documentation in 3 business days, I understand that my employment will be terminated. Initial _____

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I understand that after submitting the I-9 form that the District Chief will submit the information through E-Verify. I understand that if E-Verify returns a Tentative Non-confirmation that I must contest the results. If I fail or refusal to contest the results, E-Verify will indicate a Final Non-confirmation and I will be terminated from employment. Initials_____

I consent to a medical exam and an Essential Functions Test paid for by Union Ambulance District. I understand that if the company finds me to not be capable of performing the essential functions of the position with or without a reasonable accommodation, or to have any past or present condition/impairment that they believe would pose a significant risk to myself or others that my offer of employment may be revoked. 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 of Applicant

Date