

Union Ambulance District Employment Application

Position Applied For:	Type of Employment: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Date:
Last Name:	First Name:	Middle Name:
Address: (No., Street, City, State, Zip)		
Social Security Number:	Telephone Number: (Home)	Telephone Number: (Cell)
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"/> Are you Nationally Registered? Yes <input type="checkbox"/> No <input type="checkbox"/>	EMS License Number:	
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you authorized to work in the U.S.? 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:		

Education:

Secondary School attended and location:	Highest grade successfully completed:	Year Graduated:	
University attended and Location:	No. of years completed:	Year Graduated:	Degrees:
Major subjects of specialization:			
EMT Training (Name of Training Entity, City, State)			Year Graduated:
Paramedic Training (Name of Training Entity, City, State)			Year Graduated:
Other Educational Training / Courses:			

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Technical Education:

ACLS	Yes [] No []	Exp. Date:
PHTLS	Yes [] No []	Exp. Date:
PALS	Yes [] No []	Exp. Date:
CPR	Yes [] No []	Exp. Date:
Additional Class/Certification:		Exp. Date:
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Specific EMS Background:

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

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

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

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

Name of Employer:		Address:	
Department:	Position:		
Describe your duties:			
Name and Position of Immediate Supervisor			
Date of Employment	Date Left Employment	Starting Salary	Last Salary
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 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 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 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

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All applicants must attach copies of all certificates / cards from which you are currently licensed or certified along with a copy of your Missouri Drivers License and Social Security Card.