

## Lincoln County Ambulance District EMS Employment Application

Date Of Application:		I certify that I am at least 21 years of age: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Position Applied For: EMT <input type="checkbox"/> EMTP <input type="checkbox"/>		Type of Employment: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
<b>Name of Applicant</b>		Last:		First: Middle:	
<b>Previously used name(s)</b>					
Address (House Number, Street, City, State, Zip Code)				Years/months at address:	
Social Security Number		Home Telephone Number		Cell / Pager Number(s)	
Previous Address(s) (Street, City, State, Zip Code)				Years/months at address:	
<b>Email address</b>					
Do you have current State EMS License? Yes <input type="checkbox"/> No <input type="checkbox"/>		EMS License Number		State	
Are you Nationally Registered? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you legally entitled to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Emergency Contact(s)</b>		Phone Number(s):		Relationship:	
Name:					
<b>Education</b>					
High School attended and address:			Highest grade completed:		Diploma Received? Yes <input type="checkbox"/> No <input type="checkbox"/>
University or vocational school attended and address:			No. Years Completed		Diploma Received? Yes <input type="checkbox"/> No <input type="checkbox"/>
Degrees / Majors:					
EMT Training (Name of School Attended):		Address of School (Street, City, State, Zip)		Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Paramedic Training (Name of School Attended):		Address of School (Street, City, State, Zip)		Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Educational Training / Courses:					
<b>Technical Education</b>					
Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>		Class (A-F)	State	License Number	Expiration Date
Class Certification	MM/YY of Expiration	Location of Course	Instructor	Additional Training	
ACLS					
PHTLS/BTLS					
PALS					
CPR					
AMLS					
Other					

PO Box 157, 1392 South Third Street, Troy MO 63379  
636-528-8488, fax: 636-528-6828

May 18, 2011

**Lincoln County Ambulance District  
EMS Employment Application**

**Specific EMS Background**

**Driving Experience**

Have you ever driven an emergency vehicle?                      Yes  No

*If Yes, what type and for how long?*

Has your driver's license ever been suspended or revoked?    Yes  No

*If Yes, when and for what?*

*List all traffic offense citations over the past 3-5 years, including: date, place and disposition.*

*List any other traffic offense citation, including: date, place and disposition.*

**Legal Issues**

Have you ever been **convicted** of any form of assault?                      Yes  No

Have you ever been **convicted** of any drug or alcohol offenses?                      Yes  No

Have you ever had a judgement against you in a negligence or other misconduct suit arising out of the providing of emergency services or other healthcare?                      Yes  No

Has your medical malpractice insurer ever paid on a claim involving your alleged medical malpractice?                      Yes  No

*If you answered yes to any of the above questions, describe in full. Convictions do not necessarily bar employment.*

*Please describe why you want to work for Lincoln County Ambulance District.*

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<b>Employment History (List present or most recent positions first)</b>			
<i>Name of Employer</i>		<i>Address (Street, City, State, Zip)</i>	
<i>Type of Business</i>	<i>Department</i>	<i>Title</i>	
<i>Duties</i>			
<i>Name and Title of Immediate Supervisor:</i>			
<i>Start Date (dd/mm/yyyy)</i>	<i>Ending date (dd/mm/yyyy)</i>	<i>Starting Salary</i>	<i>Ending Salary</i>
<i>Reason for leaving:</i>			
<i>Name of Employer</i>		<i>Address (Street, City, State, Zip)</i>	
<i>Type of Business</i>	<i>Department</i>	<i>Title</i>	
<i>Duties</i>			
<i>Name and Title of Immediate Supervisor:</i>			
<i>Start Date (dd/mm/yyyy)</i>	<i>Ending Date (dd/mm/yyyy)</i>	<i>Starting Salary</i>	<i>Ending Salary</i>
<i>Reason for leaving:</i>			
<i>Name of Employer</i>		<i>Address (Street, City, State, Zip)</i>	
<i>Type of Business</i>	<i>Department</i>	<i>Title</i>	
<i>Duties</i>			
<i>Name and Title of Immediate Supervisor:</i>			
<i>Start Date (dd/mm/yyyy)</i>	<i>Ending date (dd/mm/yyyy)</i>	<i>Starting Salary</i>	<i>Ending Salary</i>
<i>Reason for leaving:</i>			
If more lines are needed, please list on an additional sheet.			
May we contact your present employer for a reference?      Yes <input type="checkbox"/> No <input type="checkbox"/>			

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<b>References (Do not list relatives or former employers)</b>			
Name	Occupation	Address	Phone
Do you know anyone employed with Lincoln County Ambulance District?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes, please list.</i>			
<b>Personal Interests (Optional)</b>			
<i>Activities / Interests (Student, Professional, Community, ect.)</i>			
<i>Articles or texts published</i>			
<i>Other interests or hobbies</i>			
<i>Special talents</i>			
<i>Languages spoken, written or read. Note fluency:</i>			
<b>Medical</b>			
Do you agree to take a medical exam, including drug and/or alcohol screening at the company's expense, evaluating the Bona fide Occupational Qualifications of the position?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you agree to have a background check done?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
Lincoln County Ambulance District is an equal opportunity employer and does not discriminate based upon race, color, religion, creed, national origin, age, sex, or disability.			
<b>Please Read Carefully and Sign</b>			
<p>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. I understand that any misrepresentation or omission will be grounds for termination of employment whenever discovered. If employed, I agree that I will not disclose, use or reveal any confidential information related to Lincoln County Ambulance District, or any patient of Lincoln County Ambulance District without first obtaining written consent from an officer of the company. I hereby apply for employment-at-will, on the basis and understanding that I may resign or that such employment may be terminated at any time upon notice given to me personally or sent to my last known address. I consent that you, the employer, or it's agents may verify both personal and job related information that is relevant to the consideration of this application for employment, and fully release Lincoln County Ambulance District from any liability resulting from this process. Neither this application nor any personnel form constitutes an employment contract. I understand that I will not be considered for employment until I have submitted copies of all required licensure, possibly including a copy of my GED or high school diploma.</p>			
_____		_____	
<b>Signature of Applicant</b>		<b>Date</b>	

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