

EMS EMPLOYMENT APPLICATION

North Scott County Ambulance District

11551 ST HWY 77

Chaffee, MO 63740

(573) 887-6311



Personal Information

Name (Last Name First)				Social Security No.	
<input type="text"/>				<input type="text"/>	
Present Address	Apt#	City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Previous Address (if at current address less than 3 years)	Apt#	City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone	Alt Phone		E-Mail		
<input type="text"/>	<input type="text"/>		<input type="text"/>		

Do you have a current State EMS license	Are you Nationally Registered?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMS License Number : _____ Which State? _____

Are you legally entitled to work in the United States?

YES NO

Do you have a valid driver's license?

YES NO Class: _____

Education - Must be 18 years old and have a high school diploma or GED

	Name and Location of School	Years Attended	Date Graduated	Fields of Study
Secondary School				
University				
EMT Training				
Paramedic Training				

Other Educational Training Courses:

Qualifications

Class/Certification	Month and Year of Expiration	Location of Course
ACLS		
PHTLS		
PALS		
CPR		

List additional training programs that you have completed:

EMPLOYMENT HISTORY (List present or most recent positions first)

Name of Employer

Address

City

State

Zip

Start Date

Leaving Date

Position

Starting Salary

Last Salary

May we contact your supervisor?

 YES NO

Name of Supervisor

Title

Phone

Describe Your Duties

Reason for Leaving

Name of Previous Employer

Address

City

State

Zip

Start Date

Leaving Date

Position

Starting Salary

Last Salary

May we contact your supervisor?

 YES NO

Name of Supervisor

Title

Phone

Describe Your Duties

Reason for Leaving

Name of Previous Employer

Address

City

State

Zip

Start Date

Leaving Date

Position

Starting Salary

Last Salary

May we contact your supervisor?

 YES NO

Name of Supervisor

Title

Phone

Describe Your Duties

Reason for Leaving

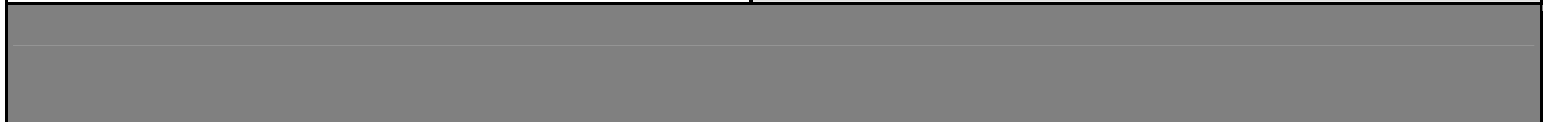
REFERENCES (Please do not list relatives or former employers)

Name	Address	Phone	Years Acquainted

Do you know anyone currently working for this company?

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.
State DMV licensed? License #:	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?	Has your medical malpractice insurer ever paid on a claim involving your alleged medical malpractice?
List most recent traffic offense citation, including: date, place and disposition	
List next more recent traffic offense citation, including: date, place and disposition	
List any other traffic offense citation, including: date, place and disposition	
List any accidents for which you were cited in the last 5 years.	
If any of the questions were answered yes, describe the event and conclusion in full.	



EMS SKILLS SUMMARY (indicate which of the following skills you have performed in the last year)

Airway: Oral/Nasal	Childbirth	IV: Blood Drawing	Stretcher: Ambulance
Airway: EOA/PTL	Choking Management	MAST Trousers	Stretcher: Chair
Airway: Endotracheal	Decontamination	Medication Admin: IM	Stretcher: Portable
Ambulance Driving	Defibrillation: Automatic	Medication Admin: IV	Suction: Oral
Airway: Oral/Nasal	Defibrillation: Manual	Medication Admin: Oral	Suction: ET/Nasal
Airway: EOA/PTL	Dispatching	Medication Admin: SL	Triage
Airway: Endotracheal	EKG Interpretation	Oxygen Administration	Traction Splint
Ambulance Driving	External Pacing	Pericardiocentesis	Ventilator
Airway: Oral/Nasal	Extrication	Spinal Immobilization: Short	
Airway: EOA/PTL	Fracture Management	Spinal Immobilization: Long	
Airway: Endotracheal	Glucose Determination	Splinting	
Ambulance Driving	IV Establishment	Stair Chair	

Do you agree to take a medical exam including drug and/or alcohol screening at company expense evaluating the Bone Fide Occupational Qualifications of the position?

YES NO

We appreciate your interest in seeking employment with us – please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.

Additional Remarks:

Authorization:

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 the application are correct.

If employed, I agree that all material created and produced whether in written, 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 subsequent 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.

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.

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.

Date: _____

Signature of Applicant: _____