

Osage Ambulance District
P.O. Box 557
Linn, Missouri 65051
Phone: (573) 897-0044



EMS EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name (Last name, First Name, Middle Name)			Social Security Number	
Current Address	Apartment/Lot	City	State	Zip Code
Previous Address (if at current address less than 3 years)	Apartment/Lot	City	State	Zip Code
Home Phone Number	Cell Phone Number	E-Mail Address		

LICENSE INFORMATION

Do you have a current Missouri State EMS License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	License Number
Are you Nationally Registered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	National Registry Number
Do you have a valid driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	License 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
CPR		
PHTLS		
PALS		
ACLS		

List additional training programs that you have completed:

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EMPLOYMENT HISTORY (List present or most recent positions first)**1. Name of Employer**

Address	City	State	Zip
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Start Date	End Date	Position
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Starting Salary	Current/Ending Salary	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Supervisor	Title	Phone Number
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Describe your Duties

Reason for Leaving

2. Name of Employer

Address	City	State	Zip
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Start Date	End Date	Position
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Starting Salary	Current/Ending Salary	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Supervisor	Title	Phone Number
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Describe your Duties

Reason for Leaving

3. Name of Employer

Address	City	State	Zip
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Start Date	End Date	Position
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Starting Salary	Current/Ending Salary	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Supervisor	Title	Phone Number
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Describe your Duties

Reason for Leaving

REFERENCES (Please do not list relatives or former employers)

Name	Address	Phone Number	Years Acquainted

Do you know anyone currently working for this company? If yes, please list:

DRIVING EXPERIENCE

Have you ever driven an emergency vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type and for how long?
State DMV Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers License Number
Has your licesnse ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and for what?

List most recent traffic offenses citation, including: date, place and disposition

List next more recent traffic offense citation, including: date, place and disposition

List any accidents you have been involved in the last 5 years

Explain any additional citation or accident information

LEGAL ISSUES

List any criminal offenses that you have been convicted of, including: date, place and disposition

Have you ever had a judgment against you in a medical malpractice suit? Explain:

Has your medical malpractice insurer ever paid on a claim involving your alleged medical malpractice? Explain:

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

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

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 and confidential information related to the company without first obtaining written consent from an officer with this 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.

Signature of Applicant: _____ Date: _____