



Owensville Area Ambulance District

P.O. Box 139, 405 E. Lincoln St. Owensville, MO 65066
 Phone (573) 437-4353 Fax (573) 437-7650
 Website owensville-ems.com

Employment Application

Personal Information

<u>Position Applied For</u>	<u>Type of Employment</u> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	<u>Date</u>
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<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>		
<u>Social Security #</u>	<u>Date of Birth</u>	<u>Other Names Held</u>		
<u>Home Address</u>	<u>PO Box</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Home Phone</u>	<u>Cell Phone</u>	<u>Business Phone</u>	<u>E-Mail Address</u>	
<u>Previous Address</u> (if current is less than 3 years)				

License Information

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

<u>EMS License Number</u>	<u>State</u>
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Are you legally entitled to work in the USA.?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
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Are you willing to relocate?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
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Education			
<u>Secondary School attended and location.</u>	<u>Highest Grade Completed</u>		<u>Graduation Year</u>
<u>University attended and location.</u>	<u>Years Completed</u>	<u>Year Graduated</u>	<u>Degree</u>
<u>Major Subjects or Specializations.</u>			
<u>EMT Training</u>	<u>Training Entity</u>	<u>City & State</u>	<u>Year Completed</u>
<u>Paramedic Training</u>	<u>Training Entity</u>	<u>City & State</u>	<u>Year Completed</u>

Technical Education		
Class/Certification	Month and Expiration	Course Location
ACLS		
PHTLS		
PALS		
CPR		

Please List Any Affiliations (if any)			
<u>Department Name</u>	<u>Supervisor</u>	<u>Contact Number</u>	Paid ___
			Volunteer ___
<u>Address</u>	<u>City</u>	<u>State</u>	



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Driving Record

<u>Do you have a valid Drivers License?</u> <input type="checkbox"/> Yes or <input type="checkbox"/> No	<u>DL#</u>	<u>Class</u>
Has your license ever been suspended or revoked? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
If so, when and for what?		
List any traffic offense citation, including date and location for the past year.		
List any accidents for which you were cited for in the last 5 years, including dates and location.		

EMPLOYMENT HISTORY

Dates of Employment	to	Salary			
<u>Most Recent Employer</u>		<u>Address</u>	<u>Contact Number</u>	<u>Supervisor</u>	<u>Position</u>
Reason for Leaving					

Dates of Employment	to	Salary			
<u>Most Recent Employer</u>		<u>Address</u>	<u>Contact Number</u>	<u>Supervisor</u>	<u>Position</u>
Reason for Leaving					

Dates of Employment	to	Salary			
<u>Most Recent Employer</u>		<u>Address</u>	<u>Contact Number</u>	<u>Supervisor</u>	<u>Position</u>
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Reason for Leaving					

CRIMINAL/DISCIPLINARY HISTORY – Everyone MUST answer “YES or NO” to ALL following questions.

If you are certified or licensed you are responsible for reporting any information on this form as well as any future changes.

Failure to report any limitation, suspension, and revocation of a license and/or any conviction(s) and/or deferred

adjudication case information may result in disciplinary action and/or denial of hire and employment.

• DO NOT answer, “Yes” if you only have minor traffic violations.

• Have you ever been subject to limitation, suspension, or revocation of a license in a healthcare occupation? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
• Have you ever surrendered any type of license in any state or to a state agency that had issued you a license? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
• Have you ever been denied any type of license in any state or by a state agency? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
• Have you ever received deferred adjudication for a felony or misdemeanor? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
• Have you ever been convicted of a felony? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
• Have you ever been convicted of a misdemeanor? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
• If you answered yes to ANY question above, provide the date of action, state and agency name, action taken and case number; you may provide an explanation on a separate sheet of paper.	
• Indicate offense(s) committed & court case/cause number(s):	



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• <u>Dates of conviction(s) and/or deferred adjudication(s):</u>	
• <u>Court case/cause number(s): Sentences(s):</u>	
• <u>Fine(s):</u>	<u>City, County and State where offense(s) committed:</u>

Why do you want to work for our company?

SIGNATURE AND DATE

I swear or affirm that all information provided on this application is true and correct. I further certify by signature hereon,
that I am authorized to execute this document.
Signature of Applicant: _____
Date: _____

updated
1/16