

APPLICATION FOR EMPLOYMENT



440 Kelley Parkway Mexico, MO 65265
 Phone (573) 581-1722 Fax (573) 581-1724
 INFO@AUDRAINAMBULANCE.COM

Type or print

General Information	Name _____ Last First Middle			
	Current Address _____ Street City State Zip Code			
	Social Security Number _____	E-mail Address _____	Telephone Number _____	
	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date you can begin work _____	Salary Requirement _____	
	Position(s) Desired 1) _____ 2) _____			
	Employment status desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Relief	Shift preference <input type="checkbox"/> 24 Hr <input type="checkbox"/> 12 Hr Day <input type="checkbox"/> 12 Hr Noc <input type="checkbox"/> Other	Can you work weekends/holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____	

Other	Have you ever pled guilty to, been convicted of, or pled "no contest" to a felony or a misdemeanor charge regardless of the sentence imposed? <input type="checkbox"/> No <input type="checkbox"/> Yes and explain _____
	Have you ever been required to register as a sex offender according to the laws of the State of Missouri or any other state: <input type="checkbox"/> No <input type="checkbox"/> Yes and explain _____
	The type and seriousness of the crime, along with your entire work history, education history, and the position for which you are applying will be considered. A "Yes" response to either of the above questions will not automatically disqualify you from consideration for employment with Audrain Ambulance District.

Education	School	Name and Location	Course of Study	Did you graduate or received GED?	Diploma or Degree Received
	High School	Street City State Zipcode			Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
Street City State Zipcode		Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Vocational Technical	Street City State Zipcode			Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Street City State Zipcode			Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College University	Street City State Zipcode			Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Street City State Zipcode			Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Other	Street City State Zipcode			Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Street City State Zipcode			Grad: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Skills	<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Personal Computer
	<input type="checkbox"/> Other: (list) _____		

Licenses/Certifications	Are you currently? <input type="checkbox"/> Registered <input type="checkbox"/> Licensed <input type="checkbox"/> Certified	Are you eligible for? <input type="checkbox"/> Registration <input type="checkbox"/> Licensure <input type="checkbox"/> Certification		
	Professional Licenses, Certifications, Registrations	State	ID Number	Expiration Date

Starting with your most recent employer, list all positions and account for periods of unemployment. Include time spent in the military. Resumes or CVs are welcome, however, completing the application is required prior to being considered for employment. Incomplete applications will not be considered. Attach additional employment history not listed on this application using similar format.

Employment History

1 Employer		Street	State	Zip	Telephone ()
		City			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your position title	Dates employed		Supervisor's name and title	
		From:	To:		
Describe your responsibilities			Reason for leaving		
2 Employer		Street	State	Zip	Telephone ()
		City			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your position title	Dates employed		Supervisor's name and title	
		From:	To:		
Describe your responsibilities			Reason for leaving		
3 Employer		Street	State	Zip	Telephone ()
		City			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your position title	Dates employed		Supervisor's name and title	
		From:	To:		
Describe your responsibilities			Reason for leaving		
4 Employer		Street	State	Zip	Telephone ()
		City			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your position title	Dates employed		Supervisor's name and title	
		From:	To:		
Describe your responsibilities			Reason for leaving		

References

Give three (3) references (not relatives or persons previously listed) who are acquainted with your training or activities during the past five (5) years. If recent college graduate, professors and faculty advisors in your field of concentration are particularly helpful.

Name	Address	Telephone	Occupation	Years known
		()		
		()		
		()		

Referral

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Journal	<input type="checkbox"/> School	<input type="checkbox"/> Other
_____	_____	_____	_____
Name	Name	Name	Name

The responses given above are true and correct. I have not withheld any fact which might adversely affect my application, and I understand any omissions of fact or any false or misleading statements will be considered just cause for immediate dismissal, no matter when discovered. I further understand there may be no positions currently available. I agree all former employers, or any other persons, may furnish the Audrain Ambulance District with all information regarding my character and qualifications. I release all such employers and persons from any liability regarding the provision or use of such information. I understand if I am offered employment, I am not required to furnish any information which is prohibited by federal, state, or local law, and I may request reasonable accommodations, if needed due to disability in order to participate in the overall application process. I will be required to successfully complete a job related health screening, including blood and urine drug testing, provided and paid for by the Audrain Ambulance District. I also relinquish any claims and ownership of any specimen provided to Audrain Ambulance District. I will provide such documents as required by "The Immigration Reform and Control Act of 1986." I understand my employment application, including past references, a reference from my present supervisor, including disciplinary actions, if any, and attendance records may be made available to the Audrain Ambulance District to which I have applied.

We appreciate your interest in the Audrain Ambulance District. It is the policy of the Audrain Ambulance District not to discriminate in regard to employment on the basis of race, age, religion, gender, color, national origin, ancestry, or medical conditions unrelated to the ability to perform essential functions of the job.

Audrain Ambulance District does not offer tenured or guaranteed employment, either Audrain Ambulance District or the employee can terminate the employment relationship at any time, with or without cause, with or without notice.

Signature

Date