





# Meramec Ambulance District

An equal opportunity employer

## Employment Application

**Employment history starting with the most recent.**

Date employed	Name and address of employer	Position and Supervisors name	Salary	Reason for leaving
from				
to				
from				
to				
from				
to				

**List three people not related to you that we may contact for reference purposes.**

name	phone	address

Emergency contact:

\_\_\_\_\_

(name) (phone) (relation to you)

Explain, in detail, your 6 months of experience in EMS

\_\_\_\_\_

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I hereby authorize Meramec Ambulance District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

If hired, I understand and agree that my employment with the Company is at-will, and that neither I nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

I understand that safety of employees is extremely important to the District and that the District is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the direction of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, undersigned applicant, have personally completed this application. I understand that any omission to misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. I understand that if any term, provision, or portion of this Agreement is declared void and unenforceable, it shall be served and the remainder of this Agreement shall be enforceable.

SIGNATURE:

DATE:

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**The following items must be attached at the time of submission:**

- Application Completed  Resume (not required)
- Six months of current EMS experience,  ambulance  rescue service  other \_\_\_\_\_

Most recent experience obtained at- \_\_\_\_\_

**Copies (front and back) of Certifications:**

- |  |                        |
|--|------------------------|
| <input type="checkbox"/> Driver's license          | Expiration Date: _____ |
| <input type="checkbox"/> EMS License: #MO _____    | Expiration Date: _____ |
| <input type="checkbox"/> National Registry # _____ | Expiration Date: _____ |
| <input type="checkbox"/> ACLS                      | Expiration Date: _____ |
| <input type="checkbox"/> CPR Healthcare Provider   | Expiration Date: _____ |
| <input type="checkbox"/> PALS                      | Expiration Date: _____ |

Other certifications with expiration dates:

**Office use only:**

Application and attachments reviewed by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Written Test Score \_\_\_\_\_