



Can you perform, with or without a reasonable accommodation, the essential functions of the position for which you are applying?  Yes  No

List all traffic violations and accidents in the last 5 years. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If employed, what day would you be able to begin? \_\_\_\_\_

**EDUCATION:**

**Please list any education you would like to have considered for the position you are applying for. Attach additional sheets if necessary.**

	Specific Class/Program	DATE: From	To
<b>1</b>	School /Site	Telephone	
	Address	State License Number	
	Instructor	Expiration Date:	

	Specific Class/Program	DATE: From	To
<b>2</b>	School /Site	Telephone	
	Address	State License Number	
	Instructor	Expiration Date	

	Specific Class/Program	DATE From	To
<b>3</b>	School/Site	Telephone	
	Address		
	Instructor		

	Specific Class/Program	DATE From	To
<b>4</b>	School/Site	Telephone	
	Address		
	Instructor		

	Specific Class/Program	DATE From	To
<b>5</b>	School/Site	Telephone	
	Address		
	Instructor		

List any professional, trade, or service organizations in which you are a member, if you think such participation would be helpful to us in considering you for employment (e.g. organizing activities, additional work experience, accomplishments, leadership, etc.). List any Trade and /or Instructor certification in the healthcare field:

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(Exclude organizations that would indicate the race, age, sex, religion, national origin or disability of its members.)

**EMPLOYMENT:**

Give accurate, complete full time and part time employment history starting with present or most recent employer for the last ten years. Attach additional pages if necessary.

	Company Name	Telephone
	Address	Employed-Month and Year From                      To
<b>1</b>	Name of Supervisor	Weekly Pay Start                      Last
	State Job and Describe your work	
	Reason for Leaving	

	Company Name	Telephone
	Address	Employed-Month and Year From                      To
<b>2</b>	Name of Supervisor	Weekly Pay Start                      Last
	State Job and Describe Your Work	
	Reason for Leaving	

	Company Name	Telephone
	Address	Employed-Month and Year From                      To
<b>3</b>	Name of Supervisor	Weekly Pay Start                      Last
	State Job and Describe Your Work	
	Reason for Leaving	

	Company Name	Telephone
	Address	Employed-Month and Year From                      To
<b>4</b>	Name of Supervisor	Weekly Pay Start                      Last
	State Job and Describe Your Work	
	Reason for Leaving	

List three persons who are NOT related to you and have definite knowledge of your qualifications and skill for the position for which you are applying. (Recent graduate, please list instructors.)

Name	Phone	How Long Known

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Print Name of Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

### AUTHORIZATION

I certify that the information I have furnished on this application is correct and complete with the understanding that it may be subject to verification with former employers and other persons. I understand and agree that misrepresentation, falsification or omission will be considered sufficient basis for rejection or dismissal if employed. I understand that I must meet the job related health standards established by the Warren County Ambulance District (hereinafter referred to as District) as a condition of initial and continued employment. I authorize my past employers to supply any information they have concerning me or my work performance during my association with them and release them from all liability in connection therewith. I understand that if I am employed by the District, the employment relationship will be terminable at will by either party, at any time, with or without notice, with or without cause.

I hereby authorize law enforcement agencies (local, State and/or Federal, military agencies, schools and universities, insurance companies (agents), investigative consumer reporting agencies and those persons listed in the application to furnish the District with any and all available information regarding me in order that they may determine my suitability for employment. I authorize the District to make inquiry of my present and past employers regarding my character, integrity and reputation. I authorize the release of any and all information regarding my employment, or any other information, whether personal or otherwise, that may or may not be on their records and release said company or person from all liability for any damage whatsoever that may be issued from furnishing such information to the District.

As part of my employment application with Warren County Ambulance District, and at any time during my employment with the District, I hereby consent to be tested for drug and/or alcohol usage. I hereby consent to the release of the test results to the District for its use regarding my employment or continued employment. I acknowledge and agree that any positive results may preclude my employment or result in the termination of my employment. I hereby waive and release any all claims of whatsoever nature arising out of or relating to the drug and alcohol testing against Warren County Ambulance District and against any person or entity which conducts drug testing or analysis for the District or which reports the results thereof to the District.

The Warren County Ambulance District reserves the right to deny employment or affiliation based on the results of a criminal background check. The Warren County Ambulance District will consider criminal convictions, particularly those involving moral turpitude. Examples of criminal felony and misdemeanor convictions that may result in denial of employment or affiliation with the Warren County Ambulance District include, but are not limited to, crimes involving violence, sexual assault or exploitation, drugs and alcohol, weapons, theft, fraud, or embezzlement. As a matter of public trust, it is essential that all members uphold the mission, values, and integrity of the Warren County Ambulance District.

A photostatic or xerox copy of this authorization will be considered as effective and valid as the original.

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Signature of Applicant

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Date

Please return to: Warren County Ambulance District  
Attn: Ralph V Hellebusch  
604 Fairgrounds Road  
Warrenton, MO 63383-4420