



# Warren County Ambulance District

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*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 enough 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 report 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 or misdemeanor convictions that may result in denial of employment or affiliation with the Warren County Ambulance District include, but 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.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed application to:

Email to: [hr@warrencountyambulance.com](mailto:hr@warrencountyambulance.com)

Warren County Ambulance District  
604 Fairgrounds Road  
Warrenton, MO 63383  
Attn: HR Department