



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: ____ Paramedic ____ EMT-B ____ Other (specify) _____

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 Attended _____

College: _____ Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Disclaimer and Signature

I certify that the information I have furnished on this employment application is correct and complete with the understanding that it may be subject to verification with former employers and other people. 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 an 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, I hereby consent to the required pre-employment testing to include background check, driver record and drug-screening. I hereby consent to the release of the test results to the District for its use regarding consideration of employment. I hereby waive and release any all claims of whatsoever nature arising out of or relating to the pre-employment testing against Warren County Ambulance District and against any person or entity which conducts the 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 a conditional job-offer is extended to me, I understand that false or misleading information in my application or interview, the offer may be rescinded.

Signature: _____ Date: _____

Please mail completed application to:

Email to: hr@warrencountyambulance.com

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