

Taney County Ambulance District

18 Industrial Park Dr.
Hollister, MO 65672

Business: (417) 334-6586
Fax: (417) 337-5519

PLEASE NOTE: Resumes are preferred but not required

Last Name:	First Name:	Middle:
Mailing Address:	Telephone: () _____ - _____	
City, State, Zip:	Date:	
Position for which applying:	EMT___ Dispatcher___ Paramedic___ Other_____	
Are you legally eligible for work in the United States?	Yes___ No___	
Social Security Number: _____ - ____ - _____	When could you begin work:	

Education

School	Name and Location of School	Course of Study	Number of Years	Did you graduate?	Degree or Diploma?
Elementary					
High School					
Business/Trade					
College					
Graduate					
E. M. S.					

Personal Employment History

Company Name:	Employed: from ___/___ to ___/___
Address:	Telephone: () _____ - _____
Name of Supervisor:	Weekly Pay: start \$ _____ end \$ _____
State Job Title and describe your work:	Reason for leaving: (Circle one) Quit – Layed Off – Terminated Explain:

Company Name:	Employed: from ___/___ to ___/___
Address:	Telephone: () _____ - _____
Name of Supervisor:	Weekly Pay: start \$ _____ end \$ _____
State Job Title and describe your work:	Reason for leaving: (Circle one) Quit – Layed Off – Terminated Explain:

Company Name:	Employed: from ___/___ to ___/___
Address:	Telephone: () _____ - _____
Name of Supervisor:	Weekly Pay: start \$ _____ end \$ _____
State Job Title and describe your work:	Reason for leaving: (Circle one) Quit – Layed Off – Terminated Explain:

Describe any training received relevant to the position for which you are applying:

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?

(Circle one) Yes No

If yes, describe in full:

Has your EMT or Paramedic license ever been suspended or revoked?

(Circle one) Yes No

If yes, explain:

Please attach a copy of the following: Your current EMT or Paramedic license, current CPR card, certificate of any DOT driving courses you may have taken, your driving record provided by the Department of Revenue, and a copy of your current personal auto insurance policy.

The information provided in this application for employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date: _____

Signature: _____