

Application for Employment

Cole County Emergency Medical Services



Approved for interview
() Yes () No

An Equal Opportunity Employer.

Our employment decisions are made without regard to race, color, religion, age, citizenship, ancestry, national origin, disability, veteran status, military status, marital status, genetic information, gender, sexual orientation, gender identity or expression or any other characteristic protected by applicable federal, state, or local law.

Position applied for: _____

Date: _____

General Information

Name:

_____ Last

_____ First

_____ Middle

Other names by which you may be known (maiden/nickname):

Address:

_____ Street

_____ City

_____ State

_____ Zip

_____ Years at this residence

Phone number:

_____ home

_____ cell

_____ email

Can you provide proof of eligibility to work in the United States? Yes No

Documentation to satisfy form I-9 must be provided on first day of employment. Visit uscis.gov for details.

Have you previously been employed with us?

Yes No If Yes, from: _____ to: _____

If yes, what position(s) did you hold? _____

Do you have any relatives working at Cole County? Yes No

If yes, please give their full name(s): _____

For insurance purposes, are you at least 21 years of age? Yes No

Availability

Please detail any special requests based upon cultural values, personal or religious beliefs. These requests may be non-participating in certain aspects of patient care or not working certain days.

Status desired

Full-Time

Part-Time

Days

Nights

Weekends

Anytime

8 hour

12 Hour

Any shift

Requested salary: \$ _____ per _____

Total hours per week desired: _____

Date available for work: _____

Language Skills

Indicate languages you speak and level of proficiency:

_____	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent	_____	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent
_____	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent	_____	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent

Education

High School Name:		City	State
Did you graduate, or receive your GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, highest grade completed?	
College Name:		City	State
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:	Degree:	
Other School Name:		City	State
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:	Degree:	
Other School Name:		City	State
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:	Degree:	

License/Certification Information

License/Certification	Certifying Body	License Number (if applicable)	Expiration Date
<input type="checkbox"/> Missouri EMT Certification	_____	_____	_____
<input type="checkbox"/> Missouri Paramedic Certification	_____	_____	_____
<input type="checkbox"/> National Registry	_____	_____	_____
<input type="checkbox"/> EMD (Emergency Medical Dispatcher)	_____	_____	_____
<input type="checkbox"/> CPR	_____	_____	_____
<input type="checkbox"/> ACLS	_____	_____	_____
<input type="checkbox"/> PHTLS / ITLS	_____	_____	_____
<input type="checkbox"/> AMLS	_____	_____	_____
<input type="checkbox"/> PALS	_____	_____	_____
<input type="checkbox"/> Emergency Vehicle Drivers Training	_____	_____	_____
<input type="checkbox"/> Do you currently hold any instructor licenses? If yes, please list: _____			
<input type="checkbox"/> Other: _____	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

Employment Experience

Start with your present or most recent employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations which may indicate race, color, religion, gender, national origin, any disability or other protected status.

This section must be completed in full, even if attaching a resume.

1. Current or Most Recent Employer:		Dates Employed		Salary	
		From	To	Starting	Final
Job Title	Supervisor's Name and Title			\$ _____	\$ _____
Address		City	State	Phone	
				per _____	per _____
Duties					
Reason for Leaving		May we contact this employer?		If no, briefly explain:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in employment following this employment					

2. Previous Employer:		Dates Employed		Salary	
		From	To	Starting	Final
Job Title	Supervisor's Name and Title			\$ _____	\$ _____
Address		City	State	Phone	
				per _____	per _____
Duties					
Reason for Leaving		May we contact this employer?		If no, briefly explain:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in employment following this employment					

3. Previous Employer:		Dates Employed		Salary	
		From	To	Starting	Final
Job Title	Supervisor's Name and Title			\$ _____	\$ _____
Address		City	State	Phone	
				per _____	per _____
Duties					
Reason for Leaving		May we contact this employer?		If no, briefly explain:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in employment following this employment					

4. Previous Employer:		Dates Employed		Salary	
		From	To	Starting	Final
Job Title	Supervisor's Name and Title			\$ _____	\$ _____
Address		City	State	Phone	
				per _____	per _____
Duties					
Reason for Leaving		May we contact this employer?		If no, briefly explain:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in employment following this employment					

Military Service

Have you served in the US Military? Yes No

Branch: _____ Induction Date: _____ Discharge Date: _____

Rank at discharge: _____ Active Reserve status

Specialty / Primary duties _____

Professional

Has your professional license and/or certification ever been suspended or revoked? Yes No

If yes, please explain: _____

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? Yes No

If yes, please explain: _____

DEA Certification / Information

Please note: Answering "yes" to any of the following questions will not automatically bar you from employment. Rather, such factors as age and date of incident, seriousness and nature of the incident, relevance to the job, and rehabilitation will be considered.

Within the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed by a physician? Yes No

If yes, describe in full:

Have you ever been convicted of a felony? Yes No

If yes, please furnish full details of the conviction, the offense, dates, and location:

Have you been convicted of a misdemeanor in the last five (5) years? Yes No

If yes, please furnish full details of the conviction, the offense, dates, and location:

Do you currently have criminal charges pending against you? Yes No

If yes, describe in full:

Have you ever been a party to any misdemeanor or felony criminal matter, other than minor traffic safety violations for which no arrest was made, in which you were charged, convicted, served probation, participated in deferred adjudication or other program to avoid a conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution? Yes No

If yes, describe in full:

Agreement to Terms

Cole County is an equal opportunity employer. Cole County does not discriminate in employment on account of race, color, religion, national origin, age, sex, disability, veteran or military status, or any other class protected by federal, Missouri State, or local law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Cole County to hire me.

I certify that the answers given herein are true and complete to the best of my knowledge.

I voluntarily give the County of Cole the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with the above-mentioned investigation, will be sufficient grounds for immediate dismissal, regardless of length of employment. I understand, also, that I am required to abide by all rules and regulation of Cole County.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Cole County is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In consideration of my employment, I agree to conform to the rules and regulations of Cole County EMS, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of either the Company or myself.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature

Date