

Cole County EMS
 1736 Southridge Drive
 Jefferson City, Missouri 65109
 Phone: (573) 634-5678



EMS EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name (Last name, First Name, Middle Name)			Social Security Number	
Current Address	Apartment/Lot	City	State	Zip Code
Previous Address (if at current address less than 3 years)	Apartment/Lot	City	State	Zip Code
Home Phone Number	Cell Phone Number	E-Mail Address		

LICENSE INFORMATION

Do you have a current Missouri State EMS License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	License Number
Are you Nationally Registered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	National Registry Number
Do you have a valid driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	License Class

EDUCATION – Must be 18 years old and have a high school diploma or GED

	Name and Location of School	Years Attended	Date Graduated	Fields of Study
Secondary School				
University				
EMT Training				
Paramedic Training				

Other Educational Training Courses:

QUALIFICATIONS

Class/Certification	Month and Year of Expiration	Location of Course
CPR		
PHTLS		
PALS		
ACLS		

List additional training programs that you have completed:

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EMPLOYMENT HISTORY (List present or most recent positions first)**1. Name of Employer**

Address		City	State	Zip
Start Date	End Date		Position	
Starting Salary	Current/Ending Salary		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor	Title		Phone Number	
Describe your Duties				
Reason for Leaving				

2. Name of Employer

Address		City	State	Zip
Start Date	End Date		Position	
Starting Salary	Current/Ending Salary		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor	Title		Phone Number	
Describe your Duties				
Reason for Leaving				

3. Name of Employer

Address		City	State	Zip
Start Date	End Date		Position	
Starting Salary	Current/Ending Salary		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor	Title		Phone Number	
Describe your Duties				
Reason for Leaving				

REFERENCES (Please do not list relatives or former employers)

Name	Address	Phone Number	Years Acquainted

Do you know anyone currently working for this company? If yes, please list:

DRIVING EXPERIENCE

Have you ever driven an emergency vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type and for how long?
State DMV Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers License Number
Has your licesnse ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and for what?

List most recent traffic offenses citation, including: date, place and disposition

List next more recent traffic offense citation, including: date, place and disposition

List any accidents you have been involved in the last 5 years

Explain any additional citation or accident information

LEGAL ISSUES

List any criminal offenses that you have been convicted of, or entered a plea of guilty or no contest to, including: date, place and disposition

Have you ever had a judgment against you in a medical malpractice suit? Explain:

Has your medical malpractice insurer ever paid on a claim involving your alleged medical malpractice? Explain:

Have you ever been excluded from participation from the Medicare Program, or on the Medicare exclusion list? Yes No

EMS SKILLS SUMMARY (Indicate which of the following skills you have performed in the last year)

Airway: Oral/Nasal	Fracture Management	Stair Chair
Airway: Combi-Tube/King	Glucose Determination	Stretcher: Ambulance
Airway: Endotracheal	IV Establishment	Stretcher: Stair Chair
Ambulance Driving	IV: Blood Draw	Suction: Oral
Childbirth	MAST Trousers	Suction: ET/Nasal
Choking Management	Medication Admin: IM	Triage
Decontamination	Medication Admin: IV	Traction Splint
Defibrillation: Automatic	Medication Admin: Oral	Ventilator
Defibrillation: Manual	Medication Admin: SL	Other:
Dispatching	Oxygen Administration	Other:
EKG Interpretation	Spinal Immobilization: Short	Other:
External Pacing	Spinal Immobilization: Long	Other:
Extrication	Splinting	Other:

ESSENTIAL FUNCTIONS

Are you able to perform all essential functions of the position which you are applying for? Yes No

Do you need special accommodations to perform the essential functions of the position which you are applying for? Yes No

Are you able to meet the attendance requirements, which includes being on time and ready to immediately start your shift? Yes No

AUTHORIZATION

Do you agree to take a medical exam including drug and/or alcohol screening at agency expense? Yes No

Do you agree to allow the agency to conduct a pre-employment criminal and/or financial background investigation? Yes No

AUTHORIZATION

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct.

I understand that in consideration of my application, an investigation may be conducted of my past employment and activities, including publicly available social media content. I authorize past employers, personal references, and any other person with whom I am acquainted to answer all questions asked concerning my previous employment record, ability, military service, educational background, medical history, criminal record history, credit history, driving record, workers' compensation claims, character, and reputation. I release all persons, including past employers, credit bureaus and government agencies, from any liabilities or damages on account of having furnished such information in good faith.

In consideration of my application, I authorize the County of Cole and/or its agents to conduct such an investigation and release the County of Cole, including its agents, officers, employees, and representatives from all liability or responsibility for this investigation. I understand that the information requested below regarding sex, race, and date of birth are for the sole purpose of gathering the above information accurately and will not be used to discriminate against me in violation of any law. I understand any initial employment offer will be contingent until all information is obtained and processed, including results of a urine drug test, and may be subsequently withdrawn based on the results of these investigations.

I understand that a consumer report may be requested or an investigation conducted. I further understand that if employment is denied in whole or in part because of information obtained from a consumer reporting agency, I have the right to make a written request within a reasonable period of time to receive information about the scope and nature of the investigation. A telephonic facsimile (fax) or a photographic copy of this authorization shall be valid as the original.

AUTHORIZATION (continued)

If employed, I agree that all material created and produced whether in written, graphic or broadcasting form, all inventions new or changes in processes developed during my employment are the exclusive property of the agency to use and/or sell and that subsequent to my employment with this agency I will not disclose, use or reveal and confidential information related to the agency without first obtaining written consent from an officer with this agency.

I hereby apply for employment upon the basis and understanding that such employment is at will of the County of Cole and may be terminated at any time upon notice given to me personally or sent to my last known address.

I consent that you the employer, or its agents, may obtain both personal and job-related information that is relevant to the consideration of this application for employment.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

When completed, submit to emsadmin@colecouny.org along with you resume, copies of all certifications and any other documents you wish to be considered with your application.

Cole County upholds federal, state, and local laws that protect employees and job applicants from discrimination on the bases of race, religion, color, sex (including pregnancy, gender identity, and sexual orientation), parental status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, veteran status, marital status, or any other non-merit based factors protected by federal, state, or local law.