

# WASHINGTON COUNTY AMBULANCE DISTRICT

---

## APPLICATION FOR EMPLOYMENT *REQUIRED DOCUMENTS*

Thank you for your interest in Washington County Ambulance District! Below you will find an outline of required information when submitting your application packet.

- Completed written application
- Current resume
- Copy of Missouri drivers license
- Copy of Missouri provider license (EMT or Paramedic)
- Copy of National Registry certification (not required)
- Current BLS CPR
- Current ITLS or PHTLS (prior to being released from orientation process)
- NIMS 100, 200 & 700
- Immunization records (TB within 1 year, Hep B and TDaP)
- HazMat FRA (required within 1 year of hire)
- Current ACLS (paramedic only)
- Current PALS (paramedic only)

Please note, if offered employment, you will be required to pass a criminal background check, driving background check and drug test.

Complete the entire packet and return to Washington County Ambulance District Headquarters in person.

You may contact us at 573-438-3635 with any questions you may have.

**Incomplete application packets will not be accepted!**



# WASHINGTON COUNTY AMBULANCE DISTRICT

---

## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

Name \_\_\_\_\_

Social Security \_\_\_\_\_

Present Address \_\_\_\_\_

\_\_\_\_\_

Permanent Address \_\_\_\_\_

(if different from above) \_\_\_\_\_

Phone Number \_\_\_\_\_

### EMPLOYMENT DESIRED:

Position \_\_\_\_\_

Date You Can Start \_\_\_\_\_

Are you employed in EMS now? [ ] Yes [ ] No

Are you at least 21 years of age? [ ] Yes [ ] No

Are you on the CMS exclusion list? [ ] Yes [ ] No

Have you ever had any drug or alcohol charges? [ ] Yes [ ] No

Has your license to practice as an EMT or Paramedic ever been revoked or suspended? [ ] Yes [ ] No

Has your right to drive a motor vehicle ever been revoked or suspended? [ ] Yes [ ] No

**EDUCATION**

	<b>Name and Location of School</b>	<b>Did You Graduate?</b>	<b>Subjects Studied and Degree(s) Received</b>
High School		Yes No	
College		Yes No	
EMT School		Yes No	
Paramedic School		Yes No	

**LICENSES AND CERTIFICATIONS**

<b>License / Certification</b>	<b>Level (if applicable)</b>	<b>Number</b>	<b>Expiration Date</b>
National Registry			
State Provider			
CCEMT-P			
BLS CPR			
ITLS or PHTLS			
ACLS			
PALS			

Do you have any other certifications not listed above? If so, please note:

---

---

---

---

**WORK EXPERIENCE**

Month, Year	Name and Address of Employer	Position	Salary	Reason for Leaving
From To				
From To				
From To				
From To				

**REFERENCES**

Please list three people, not related to you, who have known you at least one year

Name	Address	Business	Years Acquainted

Do you know anyone currently employed at WCAD? If so, who and how?

---

---

---

---

---

---

**PHYSICAL RECORD**

Do you have any physical condition that may limit your ability to perform the job applied for?

---

**In case of emergency, please notify:**

---

Name

Address

Phone

**I certify that all of the foregoing statements are true and correct to the best of my ability. I understand that misrepresentation or omission of facts is cause for dismissal.**

**My signature indicates that I consent to drug and alcohol screening, criminal background check, driving background check, CMS exclusion list verification, as well as a fit for duty physical should an offer for employment be made.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, gender expression, national origin, age, protected veteran or disabled status, or genetic information.*