



BIG RIVER AMBULANCE DISTRICT

Employment Application



The Big River Ambulance District prohibits discrimination on the basis of age, citizenship, disability, national origin, race, religion, sex or any other characteristic protected by federal, state or local law.

- -

 Last Name First Middle Date Social Security Number

 Address City State Zip Phone Cell / Pager

Position being applied for: _____ When can you begin ? _____ Over Age 21 Yes No

Have you ever been convicted of any violation of the law other than minor traffic regulations? Yes No

If "yes", list all convictions, starting date, nature of offenses, and where they occurred. A conviction will not automatically disqualify you from employment. You are not required to disclose arrests. _____

 Have you been discharged or have you resigned after notice that you were subject to possible discharge from employment, for any reason, within the past five years? Yes No If your answer is yes, give details on an extra sheet of paper.

May we contact your present and past employers? Yes No

Describe any job related training received in the U.S. Military: _____

EMPLOYMENT HISTORY

Furnish a complete record of every employment since school. Start with present position and work back to the first position, accounting for all periods of unemployment. Use additional paper if necessary.

| Dates of Employment | Employer | Position | Annual Salary |
|---------------------|---------------------------------------|----------|---------------|
| date employed | name | | beginning |
| date separated | address | | |
| reason for leaving | city state zip phone supervisor | | last |
| date employed | name | | beginning |
| date separated | address | | |
| reason for leaving | city state zip phone supervisor | | last |
| date employed | name | | beginning |
| date separated | address | | |
| reason for leaving | city state zip phone supervisor | | last |

| | | | |
|--------------------|-------------------------|--|-----------|
| date employed | name | | beginning |
| date separated | address | | |
| reason for leaving | city state zip phone | | last |
| | supervisor | | |

EDUCATION

Provide information about your highest level of formal education.

| Name of School | Address | Graduate |
|----------------|---------|----------|
| | | |

Provide any other educational information you would like to be considered.

| Name of School | Related Information |
|----------------|---------------------|
| | |
| | |
| | |

Provide date of applicable certifications / licensure / re-licensure and corresponding numbers.

| EMT-Basic / Paramedic | CPR | ACLS | BTLS / PHTLS | PALS |
|-----------------------|--------------|--------------|--------------|--------------|
| license number | | | | |
| date issued | date issued | date issued | date issued | date issued |
| date expires | date expires | date expires | date expires | date expires |

REFERENCES

| Name | Address and Phone | Occupation |
|------|-------------------|------------|
| | | |
| | | |
| | | |

Are you able to perform, in a reasonable and safe manner, with or without reasonable accommodation, the essential functions of the job for which you have applied? Yes No

PROBATIONARY SERVICE

All employees of Big River Ambulance District serve a one year period of probation from the date of employment. During this time, the employee will have the opportunity to demonstrate that he or she has the ability to perform effectively. While the Administrator of the District may recommend termination of an employee at any time during the probationary period, he is required at the end of the probationary period to give a recommendation for either termination or continued employment. Termination during the probationary period is not grievable.

I certify that all statements and answers made on the Employment Application are complete and true. I understand that if subsequent to employment any of such statements and / or answers are found to be false or that information is omitted, such false statements or omissions will be considered grounds for immediate termination of my employment.

Signature

Date

