



Meramec Ambulance District

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Social Security No.: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been employed by Meramec Ambulance District? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Has your EMS license ever been suspended? YES NO

If yes, explain: _____

Education

High School: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Certifications

Please include copies of the following certifications with your application packet at the time of submission. If you are not current with any of the following certifications, the district may provide you with certification courses if selected for employment. All certifications must be up to date prior to your first shift.

Paramedic applicants must include copies of the following certifications:

- Driver's License
- State EMS License
- AHA BLS/CPR Certification
- AHA ACLS Certification
- AHA PALS Certification
- PHTLS -or- ITLS Certification

EMT applicants must include copies of the following certifications:

- Driver's License
- State EMS License
- AHA BLS/CPR Certification
- PHTLS -or- ITLS Certification

References

Please provide three character references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Please list any military experience if applicable.

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____