

Johnson County Ambulance District Employment Application

The Johnson County Ambulance District (JCAD) will provide equal employment opportunity without regard to race, color, sex, age, disability, religion, national origin, marital status, sexual orientation, ancestry, political belief or activity, or status as a veteran.

The Johnson County Ambulance District (JCAD) is a drug-free workplace with a drug and/or alcohol testing program consistent with applicable federal, state, and local law.

Applicant Information

Last Name	First Name	M.I.	Date
Address			Apt.
City	State	Zip	Interested in: <input type="checkbox"/> Volunteer
Home Phone	Cell Phone		<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
Email	Social Security #		Date Available
Position Applied For: <input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> Paramedic <input type="checkbox"/> Other - list:			
Have you ever worked for this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	
Do you have any relative who presently employed by this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?	

Education

High School		Address	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree: <input type="checkbox"/> High school diploma <input type="checkbox"/> GED	
EMT Program		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructor
EMT-I Program		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructor
Paramedic Program		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Instructor
College		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Other		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:

Certifications / Licensure

Drivers License: State	Number	Expiration Date	Class
Missouri EMS License: <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P	Number:	Expiration Date	
National Registry certification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number:	Expiration Date	
Healthcare Provider / Professional Rescuer BLS/ CPR: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date		
ACLS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	PALS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date
ITLS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	PHTLS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date
PEPP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	PEARS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date
AMLS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	NRP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date
Other	Expiration Date	Other	Expiration Date
Other	Expiration Date	Other	Expiration Date

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Employment History (List from most recent to past)

Company		Phone	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary \$	Ending Salary \$

Company		Phone	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary \$	Ending Salary \$

Company		Phone	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary \$	Ending Salary \$

Company		Phone	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary \$	Ending Salary \$

Company		Phone	
Address		Supervisor	
Job Title		Responsibilities	
From	To	Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary \$	Ending Salary \$

References (Please list three professional references. Do not include relatives or former employers)

1) Full Name		Relationship
Company		Phone
Address		
2) Full Name		Relationship
Company		Phone
Address		
3) Full Name		Relationship
Company		Phone
Address		

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Job Related Requirements

Are you 18 years of age or older? Yes No

Have you been convicted of any driving violations in the past 5 years? Yes No

Have you ever been convicted of a felony, or a misdemeanor involving a violent act, or the use or possession of a weapon? Yes No

Are you excluded from Medicare, Medicaid, or other federal programs by the Office of the Inspector General (OIG)? Yes No

Can you perform the essential physical and mental functions of this job, either with or without reasonable accommodations? Yes No

Are there specific times that you cannot work? Yes No If yes, when?

Notice to applicants

The Johnson County Ambulance District (JCAD) is an "at-will" employer as allowed by Missouri State law. This means that regardless of any provisions in this application, if hired, JCAD or the employee may terminate the employment relationship at any time, for any reason, with or without cause or notice.

All job offers are conditional upon receiving the results of a negative drug and/or alcohol screen, a satisfactory criminal background check, and a satisfactory driving record check.

Applicant Certification

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside.

I understand and agree that if I am offered a conditional offer of employment, I will be asked to consent to a pre-employment (post-offer) drug and/or alcohol test. I understand that if this drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to complete any requisite authorization forms for the drug and/or alcohol test.

I understand that any job offer and my continued employment is conditional upon receiving the results of a negative drug and/or alcohol screen, a satisfactory criminal background check, and a satisfactory driving record check.

I hereby authorize and grant permission to this company to make any investigation of my prior education and work history. I understand and authorize an investigation to be made whereby information is obtained through personal interviews with friends, neighbors, and other with whom I am acquainted. I understand and authorize an investigation to be made whereby information is obtained through information posted or received from public internet sites, social media sites, and internet blogs. This investigation may include information as to my character, general reputation, and personal characteristics. I agree to complete any requisite authorization forms for the background investigation.

I hereby authorize and grant permission to any company, agency, party, or person contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, or local law, any party delivering information to this employer pursuant to this authorization from any liability, claims, charges, or causes of action which may have as a result of the delivery or disclosure of the above request information. I hereby release from liability this employer and its agents for seeking such information and all other persons, corporations, or organizations furnishing such information.

I understand that job related testing may be utilized in order to verify basic job related competence and to assist in the selection of the most qualified and capable applicants. I hereby agree to participate in the hiring selection job related testing process which may include written exams, skills verification, and physical agility tests. I hereby release from liability this employer and its agents for any and all claims for losses, damages, or personal injuries which might be suffered as a result of my voluntary participation in this examination and testing process.

I certify that all the information set forth in this application for employment and that I have provided is true, accurate, and complete to the best of my knowledge. I understand that if I am employed, false statements on this application, a resume, or any other documents I may present during the hiring selection process shall be considered sufficient cause for dismissal. I hereby authorize and grant permission to this company to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the Board of Directors has the authority to alter the foregoing. If hired, I agree to conform to and abide by the policies, procedures, and rules of the Johnson County Ambulance District.

Applicant Signature _____ Date _____