



**Hermann Area Ambulance  
District  
Application for Employment**



Position Applied For	Type of Employment	Date
<input type="checkbox"/> Paramedic	<input type="checkbox"/> Full Time	____ / ____ / ____
<input type="checkbox"/> EMT	<input type="checkbox"/> Part Time	<input type="checkbox"/> Resume Attached

Last Name	First Name	MI
Address (Street, City, State, and Zip Code)		
Phone Number	Missouri EMS License #	License Expiration

Do you have a valid MO. driver’s license?                                 Yes \_\_\_\_    No \_\_\_\_

Are you legally entitled to work in the United States?                         Yes \_\_\_\_    No \_\_\_\_

General Education	
High School Diploma ____	GED ____
Name of High School Attended _____	

EMS Education	
EMT Training Entity _____	Date Completed_____
Paramedic Training Entity _____	Date Completed_____

University or College Education			
Name of University or College	Subject Area	Dates Attended	Diploma Acquired

<b>Military Service</b>			
<b>Branch</b>	<b>Date Enlisted</b>	<b>Date Discharged</b>	<b>Discharge Type</b>

<b>Employment History [ List present or most recent history first]</b>	
<b>Name of Employer</b>	<b>Address</b>
<b>Name of Immediate Supervisor</b>	<b>Phone Number</b>
<b>Position / Duties</b>	
<b>Date Started Employment</b>	<b>Date Ended Employment</b>
<b>Reason for leaving</b>	

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EMS Certifications	
<input type="checkbox"/> BLS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS <input type="checkbox"/> PHTLS / ITLS <input type="checkbox"/> NRP <input type="checkbox"/> Critical Care <input type="checkbox"/> EMS Instructor <input type="checkbox"/> NIMS 100 <input type="checkbox"/> NIMS 700 [Please attach copies of certifications]	List any additional training certificates completed  <hr/> <hr/> <hr/> <hr/> <hr/>

Special Skills [software programs, mechanical specialties, etc.]
 <hr/> <hr/> <hr/>

References [Please do not list relatives or previous employers]			
Name	Occupation	Address	Phone Number

<i>Please feel free to make any additional remarks in the space provided below that would be helpful in evaluating your qualifications.</i>

**Please Read The Following Carefully Before Signing**

I understand that Hermann Area Ambulance District requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize Hermann Area Ambulance District to investigate my past employment, criminal record, credit, education credentials, and other employment related activities. I agree to submit to any drug or alcohol testing which is required for employment with Hermann Area Ambulance District.

I understand that any offer of employment may be contingent upon a criminal background and motor vehicle operator record check and that the company may do periodic criminal background and motor vehicle operator record checks.

I understand that business practices and patient information of Hermann Area Ambulance District that I am exposed to, either intentionally or incidentally, during the application process, interview process, or once employed are confidential. I further understand that disclosure of said information may result in my termination, prosecution, and/or additional civil actions and penalties.

I understand that this application is not an offer of employment and that by accepting my application, Hermann Area Ambulance District does not guarantee that I will be offered a job. I understand that Hermann Area Ambulance District reserves the right to make changes in the terms and conditions of my employment as Hermann Area Ambulance District determines to be necessary or appropriate.

I understand that as an employee with Hermann Area Ambulance District I would be an employee at-will, meaning my employment would not be for any fixed period of time and that, if employed, I may resign at any time for any reason with or without notice and that Hermann Area Ambulance District may terminate my employment at anytime for any reason, with or without notice. I further acknowledge my understanding that statements, which may be contained in the policies, handbooks, and other material, do not create my guarantee of employment nor contractual rights, expressed or implied, and I agree that I will not rely upon them as such. I also agree that such policies may be changed at any time, with or without notice.

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 this application are correct. I understand that any false answers or statements made by me on this application, or any supplement thereto or in connection with the above mentioned investigations, regardless of when discovered by Hermann Area Ambulance District, will be grounds for immediate disqualification or discharge, if I am employed. I understand, also, that I am required to abide by all rules and regulations of Hermann Area Ambulance District, and all local, State of Missouri, and Federal rules governing ambulance operations, or any other such applicable rules or laws.

I acknowledge that I have read, understand, and agree to abide by the terms above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please submit this application and other supplemental information by mail, e-mail, fax, or in-person to:

Hermann Area Ambulance District  
510 West 16<sup>th</sup> Street  
Hermann, MO. 65041  
Phone: 573-486-3330  
Fax: 573-486-9034  
E-mail: [emptcc17229@outlook.com](mailto:emptcc17229@outlook.com)

*We appreciate your interest in seeking employment with Hermann Area Ambulance District. Hermann Area Ambulance District follows a strict policy that we do not discriminate in providing services and care to the patients we serve, or in terms and conditions of employment for our staff. We will not discriminate on the basis of race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.*