



Ste. Genevieve County Ambulance District

We Meet by Chance! We Care by Choice!!

P.O. Box 401 -- 3 Basler Dr., Ste. Genevieve MO 63670

Phone 573-883-7000 Fax 573-883-9886

Email: hr@sgcad.org



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other factor which is prohibited by Missouri or Federal law. The District is an equal opportunity employer. This application will be considered active for only one (1) year from the date on which you submit it. If you wish to be considered for employment after that time, you must submit a new application. Please complete the application in its entirety.

PERSONAL INFORMATION		
Position Applied for: <input type="checkbox"/> Paramedic <input type="checkbox"/> RN <input type="checkbox"/> EMT <input type="checkbox"/> Other	Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> PRN	Date

Last Name	First Name	Middle Name
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Address - Street, City, State & Zip

Social Security Number	Home Phone	E-mail address
	Cell Phone	
	Other Phone	

Previous Address (If at current address less than 3 years)
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Do you have a current State EMS License? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you Nationally Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Missouri EMS License Number
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Do you know anyone currently working for Ste. Genevieve County Ambulance?

TECHNICAL EDUCATION			
<input type="checkbox"/> ACLS	<input type="checkbox"/> CPR	<input type="checkbox"/> PALS	<input type="checkbox"/> PHTLS/ITLS
<input type="checkbox"/> ACLS Instructor	<input type="checkbox"/> CPR Instructor	<input type="checkbox"/> PALS Instructor	<input type="checkbox"/> PHTLS/ITLS Instructor
<input type="checkbox"/> PEPP	<input type="checkbox"/> Critical Care	<input type="checkbox"/> Other	

EMS BACKGROUND	
<i>Driving Experience</i>	<i>Legal Issues</i>
State DMV Licensed License #	List convicted criminal offenses including date, place and disposition.
Have you ever driven an emergency vehicle? If so, what type & for how long?	Have you ever had a judgement in a medical malpractice suit?
Has your license ever been suspended/revoked? When & what for?	Has your insurer ever pd a claim on your alleged malpractice?
List most recent traffic offense citation including date, place & disposition	If any questions at left or above were answered yes, describe in full.
List any other traffic offense citation including date, place & disposition	
List any accidents for which you were cited in the last 5 years	

EDUCATION			
Secondary School Attended and Location	Highest grade successfully completed		Year Graduated
University Attended and Location	# Years Completed	Degree	Year Graduated
Major Subjects of Specialization			
Name of EMT Training Entity	City & State		Year Graduated
Name of Paramedic Training Entity	City & State		Year Graduated
Name of Other Educational Training/Courses Entity	City & State		Year Graduated
Name of Other Educational Training/Courses Entity	City & State		Year Graduated
Name of Other Educational Training/Courses Entity	City & State		Year Graduated

REFERENCES (Please do not list relatives or former employers)			
NAME	OCCUPATION	PHONE	ADDRESS

EMPLOYMENT HISTORY (List present or most recent positions first)

Name of Employer		Address	
Describe your Duties		Department	Position
Name & Position of Immediate Supervisor			
Date of Employment	Date Left Employment	Starting Salary	Last Salary
Reason for Leaving			
May we ask this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Name of Employer		Address	
Describe your Duties		Department	Position
Name & Position of Immediate Supervisor			
Date of Employment	Date Left Employment	Starting Salary	Last Salary
Reason for Leaving			
May we ask this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Name of Employer		Address	
Describe your Duties		Department	Position
Name & Position of Immediate Supervisor			
Date of Employment	Date Left Employment	Starting Salary	Last Salary
Reason for Leaving			
May we ask this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Name of Employer		Address	
Describe your Duties		Department	Position
Name & Position of Immediate Supervisor			
Date of Employment	Date Left Employment	Starting Salary	Last Salary
Reason for Leaving			
May we ask this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Scholarships
Activities/Interests (Student, Professional, Community, etc.)
Articles or texts published
Languages (spoken, written, read) Note fluency
Other interests or hobbies
Special talents

Why do you want to work for Ste. Genevieve County Ambulance District?

Do you agree to take a medical exam including drug and/or alcohol screening at the District's expense evaluating Occupational Qualifications of the position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you agree to take a fitness/lift test prior to employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you agree to allow Ste. Genevieve County Ambulance District to request a criminal background check prior to employment offer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

We appreciate your interest in seeking employment with us -- please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.

Please read carefully

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 the application are correct.

If employed, I agree that all material created and produced whether in written, graphic or broadcasting form, all inventions new or changes in processes developed during my employment are the exclusive property of the District to use and/or sell and that subsequent to my employment with this District I will not disclose, use or reveal any confidential information related to the District without first obtaining written consent from an officer of the District.



I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last known address.

I consent that you the employer, or its agents, may obtain both personal and job related information that is relevant to the consideration of this application for employment.

_____ Date

_____ Signature of Applicant