



NORTHLAND REGIONAL AMBULANCE DISTRICT

Setting the standard in emergency medical care

1000 Platte Falls Road
Platte City, Missouri 64079
816-858-4450

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any legally protected status.

Date: _____

Name _____ Social Security No. _____
Last First M.I.

Address _____ Telephone No. _____
A.M.

City _____ State _____ Zip Code _____ Tel. No. _____
P.M.

Position Applying For: _____ Salary Desired _____

Are You Applying For Full Time Part Time

If seeking part time work, specify shifts available: _____

How soon are you available to begin employment? _____

Are you a U.S. Citizen or someone who has legal right to work in the job for which you are applying? Yes No

Are you 18 years or older? Yes No

Have you ever been convicted of any crime other than a minor traffic violation? Yes No A criminal conviction will not necessarily be a bar to employment. Please describe the nature of the crime.

Have you ever been disciplined for poor job performance? Yes No

Have you had or do you have any relatives employed at NRAD? Yes No

If yes, dates, position they were employed. _____

How were you referred? Friend/Relative Employee Indeed Website Other

RECORD OF EDUCATION

	Name & Address of School	Course of Study	List Diploma, Degree(s) Obtained
High School/GED			
College			
Other			

PROFESSIONAL LICENSES AND CERTIFICATIONS

		Certification/ License Number	Expiration
	NREMT <input type="checkbox"/> Paramedic <input type="checkbox"/> EMT		
	Missouri <input type="checkbox"/> Paramedic <input type="checkbox"/> EMT		
	Other:		
	ACLS		
	PEPP/PALS/EPC		
	PHTLS/ITLS		

REFERENCES

(Please include 2 professional references)

Name	Address	Telephone	Relationship

EMPLOYMENT HISTORY

(MAY INCLUDE VOLUNTEER POSITIONS WHERE APPLICABLE)

COMPANY NAME	DATES EMPLOYED FROM	TO
ADDRESS	TELEPHONE	
CITY, STATE, ZIP	STARTING	ENDING/CURRENT
TITLE/POSITION	NAME & TITLE OF SUPERVISOR	
BRIEFLY DESCRIBE YOUR DUTIES		
COMPANY NAME	DATES EMPLOYED FROM	TO
ADDRESS	TELEPHONE	
CITY, STATE, ZIP	STARTING	ENDING
TITLE/POSITION	NAME & TITLE OF SUPERVISOR	
BRIEFLY DESCRIBE YOUR DUTIES		
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BRIEFLY DESCRIBE YOUR DUTIES		

Northland Regional Ambulance District

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the State of California. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of Missouri.

Date _____

Signature _____