



PO Box 1, Millersville, MO 63766

### Employment Application Form

Candidates are considered for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

Full Name:

Street Address: City: State: Zip Code:

Phone Number: Date Available to Work:

Are you at least 18 years of age? Y / N Hours Requested: Full time / Part time

#### POSITION INFORMATION

Position Applying For:

Have you ever been employed by this organization? Yes / No If "Yes", date:

Prior Position: Reason for leaving:

#### CERTIFICATION INFORMATION

(list only current certifications – photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
EMT/EMT-P			
NREMT			
RN			
CCP/FPC/CNCC			
CPR			
PALS			
ACLS			
EMD			
Driver's License			
Haz-Mat			
Other: _____			



PO Box 1, Millersville, MO 63766

**WORK REQUIREMENTS AND GENERAL INFORMATION**

Can you provide proof, if hired, that you are eligible to work in the U.S.? Yes / No

Do you have a valid Driver's License? Yes ? No

List all moving violations (convictions), accidents and any suspensions or revocations of your license in the last five years:

Have you ever been convicted, or plead guilty or no contest to a felony or misdemeanor? Yes ? No

If "Yes", please explain:

A conviction will not necessarily disqualify you from employment.

Have you ever been excluded or are you currently excluded from participating in any federal health program? Yes / No

If "Yes", please explain:

**EMPLOYMENT HISTORY**

Employer Name & Address:

Job Title:

Supervisor:

Start Date:

Beginning Salary:

End Date:

Ending Salary

Job Description (including duties and responsibilities):

Employer's Telephone Number:

May We Contact Employer? Yes / No

Reason for leaving:

Employer Name & Address:

Job Title:

Supervisor:

Start Date:

Beginning Salary:

End Date:

Ending Salary

Job Description (including duties and responsibilities):

Employer's Telephone Number:

May We Contact Employer? Yes / No

Reason for leaving:

Employer Name & Address:

Job Title:

Supervisor:

Start Date:

Beginning Salary:

End Date:

Ending Salary

Job Description (including duties and responsibilities):

Employer's Telephone Number:

May We Contact Employer? Yes / No

Reason for leaving:



PO Box 1, Millersville, MO 63766

**MILITARY SERVICE**

Service Branch	Date Began	Date Ended	Rank & Type of Duties	Date Discharged	Location

- Have you ever been: circle one
- Disciplined or terminated for reckless driving? Yes / No
  - Placed on probation or terminated for excessive absenteeism? Yes / No
  - Disciplined or fired for insubordination? Yes / No
  - Disciplined or fired for a violation of safety rules? Yes / No
  - Disciplined or fired for assault or fighting? Yes / No
  - Disciplined or fired for harassment? Yes / No
  - Disciplined or fired for patient abuse? Yes / No
  - Disciplined or fired for alcohol or drug related activity at work? Yes / No

If you answered "Yes" to any of the above questions, please explain:

---



---



---

**EDUCATION AND TRAINING**

High School:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you graduate? Yes / No \_\_\_\_\_ If "No", highest grade completed: \_\_\_\_\_

Have you received your GED? Yes / No \_\_\_\_\_

College:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you graduate? Yes / No \_\_\_\_\_ If "No", highest year completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Technical School:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you graduate? Yes / No \_\_\_\_\_ If "No", highest year completed: \_\_\_\_\_

Certificate and/or License Nos: \_\_\_\_\_ Expires: \_\_\_\_\_

Other School/Training:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Did you graduate? Yes / No \_\_\_\_\_ If "No", highest year completed: \_\_\_\_\_

Certificate and/or License Nos: \_\_\_\_\_ Expires: \_\_\_\_\_



PO Box 1, Millersville, MO 63766

Please describe any additional personal or professional qualifications, related employment information that you would like us to know about you or feel would be beneficial for us to know when considering your application:

Four horizontal lines for providing additional information.

REFERENCES

Table with 3 columns and 4 rows for listing references (Name, Occupation, Phone Number, Address).

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time if so requested.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check and other such inquiries.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with the Company may be terminated.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_