

# NORTHLAND REGIONAL AMBULANCE DISTRICT

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.

PLEASE PRINT

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

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Maiden Name if different from present: \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
A.M.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Tel. No( ) \_\_\_\_\_  
P.M.

Position(s) Applied 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 either a U.S. Citizen or an Alien who has legal right to work in the job(s) 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. To help us evaluate your application, please describe the nature of crime and your subsequent rehabilitation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Have you, any relatives or friends ever been employed at NRAD? Yes \_\_\_ No \_\_\_

If yes, dates, position, and department employed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How were you referred? Newspaper ad \_\_\_ Friends/Relative \_\_\_ Job Fair \_\_\_ Employee \_\_\_ Rehire \_\_\_  
Career Day \_\_\_ Other \_\_\_

## RECORD OF EDUCATION

School	Name and Address	Course of Study	Circle last year Completed	List Diploma, Degree(s) Obtained
High School			1 2 3 4	
College(s)			1 2 3 4	
			5 6 7 8	

### LANGUAGE SKILLS: (OTHER THAN ENGLISH)

Please identify other languages that you speak: \_\_\_\_\_; Write: \_\_\_\_\_  
 Read: \_\_\_\_\_; Including Sign Language: \_\_\_\_\_  
 Area of specialization or major interest: \_\_\_\_\_ Typing Approximate WPM \_\_\_\_\_  
 Shorthand: Approx. WPM \_\_\_\_\_ Word processing:  Yes  No What Word Processing Equipment are you familiar with? \_\_\_\_\_  
 List business, hospital, or industrial equipment operated: \_\_\_\_\_

### PROFESSIONAL LICENSES AND/OR CERTIFICATIONS:

ARE YOU:  
 Currently:  Registered; No. \_\_\_\_\_  Licensed; No. \_\_\_\_\_  Certified; No. \_\_\_\_\_  
 Eligible:  Registration  Licensure  Certification

### IF LICENSED, REGISTERED, OR CERTIFIED

Type	No.	State Issued	Date Issued	Expiration

### REFERENCES

(Please complete if only one or no employment references are listed. These include persons in academic, institutions, volunteer organizations, etc. **Not** friends or relatives.)

Name	Address	Telephone	Relationship

### REFERENCE VERIFICATION

<input type="checkbox"/> Phone <input type="checkbox"/> Mail	Date Mailed	By Whom
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**RECORD INFORMATION RELEASE**  
**Northland Regional Ambulance District**

In consideration of my employment I agree to conform to the rules and regulations of this district and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either this district or myself. I also understand and agree that the terms of my employment may be changed, with or without cause, and with or without notice, at any time. I understand that no representative of the district has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I authorize the investigation of all statements contained on this application and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all persons from all liability and damages that may result from furnishing that information to you.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me on the application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts called for on this application may be cause for the denial of my application or, if I am employed, discharged at any time.

I understand that this is a non-smoking facility and agree to abide by said smoking policy.

As a condition of employment, I hereby consent to testing for drug and alcohol use, determined to be appropriate by management, either before being hired or at any time during my employment with this company. I further acknowledge and state that I have no known physical limitations or disabilities that would impair or adversely affect my ability to perform the daily job requirements to the position for which I am applying.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT**