



Kidder County Ambulance Application for Employment

| Contact Information | | | | | | | | | |
|---|--|--|---|--|--|--|------------------------------|--|-----|
| First Name | | | | M.I. | | Last Name | | | |
| Address | | | | | City | | State | | Zip |
| Cell Phone | | | Home Phone | | | Work Phone | | | |
| Email | | | Birthdate | | | Social Security Number | | | |
| Level of Training <input type="checkbox"/> Driver <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic <input type="checkbox"/> RN | | | | National Registry Number | | | National Registry Expiration | | |
| What is the state of EMS licensure? | | | | State License Number | | | State License Expiration | | |
| What is the state of your driver's licensure? | | | | Driver's License Number | | | Driver's License Expiration | | |
| Are you a U.S. citizen? | | | Are you authorized to work in the U.S.? | | | | Country of Citizenship | | |
| Education | | | | | | | | | |
| Circle highest high school education completed: 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | Circle highest post-secondary education completed: 1 2 3 4 5 6 7 8 | | | | |
| High School | | | Location | | Major Subject | | Diploma or Certificate? | | |
| Vocational/Technical School | | | Location | | Major Subject | | Diploma or Certificate? | | |
| College | | | Location | | Major Subject | | Degree? | | |
| Other Education | | | Location | | Major Subject | | Degree/Diploma/ Certificate? | | |
| <input type="checkbox"/> BLS Exp. | | <input type="checkbox"/> ACLS Exp. | | <input type="checkbox"/> PALS Exp. | | <input type="checkbox"/> NALS Exp. | | | |
| <input type="checkbox"/> PHTLS Exp. | | <input type="checkbox"/> ITLS Exp. | | <input type="checkbox"/> AMLS Exp. | | <input type="checkbox"/> PEARS Exp. | | | |
| <input type="checkbox"/> ND EMS Instructor Exp. | | <input type="checkbox"/> Other Certification | | <input type="checkbox"/> Other Certification | | <input type="checkbox"/> Other Certification | | | |
| Employment History | | | | | | | | | |
| Name and address of employer 1 | | | | | | | Employment dates | | |
| Your position | | | | Reason for leaving | | | | | |
| Name and title of Supervisor | | | | | | | Phone Number | | |
| Name and address of employer 2 | | | | | | | Employment dates | | |
| Your position | | | | Reason for leaving | | | | | |
| Name and title of Supervisor | | | | | | | Phone Number | | |
| Name and address of employer 3 | | | | | | | Employment dates | | |
| Your position | | | | Reason for leaving | | | | | |
| Name and title of Supervisor | | | | | | | Phone Number | | |
| Name and address of employer 4 | | | | | | | Employment dates | | |
| Your position | | | | Reason for leaving | | | | | |
| Name and title of Supervisor | | | | | | | Phone Number | | |
| Name and address of employer 5 | | | | | | | Employment dates | | |
| Your position | | | | Reason for leaving | | | | | |
| Name and title of Supervisor | | | | | | | Phone Number | | |

| Other Skills | | | | |
|---|---------|-------|------------|-------------|
| Please list any other skills and qualifications | | | | |
| | | | | |
| | | | | |
| References – Exclude Relatives and Former Employers | | | | |
| Name | Address | Phone | Occupation | Years Known |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Criminal Background Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO Dates: | | | | |
| If yes, please describe as below: | | | | |
| | | | | |
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| | | | | |
| In case of emergency contact 1: | | | Phone: | |
| In case of emergency contact 2: | | | Phone: | |
| In case of emergency contact 3: | | | Phone: | |

I hereby authorize investigation of all statements contained in this application and understand that any misrepresentation may be cause for rejection of this application or dismissal after employment. Additionally, I understand that nothing in this application form, or any other Kidder County Ambulance Policy/Protocol handbook shall constitute any type of employment contract. If employment occurs, I understand that I have right to terminate for any reason or no reason and acknowledge that Kidder County Ambulance retains the same right. If a conditional offer of employment is made, employment is contingent upon satisfactory completion of all pre-employment procedures including reference checks and physical examination.

Date: _____ Signature: _____