



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	
What is the state of EMS licensure?		State License Number	
What is the state of your driver's licensure?		Driver's License Number	
Are you a U.S. citizen?		Are you authorized to work in the U.S.?	
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	

Kidder County Ambulance
Application for Employment
Page 2

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:				
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: _____