

\_\_\_\_\_ *Date*

**REGIONAL EMERGENCY MEDICAL SERVICE AUTHORITY**  
dba, BUCHANAN COUNTY EMS

**APPLICATION FOR EMPLOYMENT**

*The Regional Emergency Medical Services Authority (REMSA) dba BCEMS considers all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.*

(Please Print or Type all answers.)

**What position are you applying for?**

\_\_\_\_\_ *Social Security #*

\_\_\_\_\_ *Last Name*

\_\_\_\_\_ *First Name*

\_\_\_\_\_ *Middle Name*

\_\_\_\_\_ *Street Address*

\_\_\_\_\_ *Apt. #*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip Code*

\_\_\_\_\_ *(Area code) Telephone*

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes

No

What date would you be available for work?

The employment you are seeking:

Full time

Part Time

As Needed

***Education***

	<b>Name and Address of School</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Diploma or Degree</b>
<b>High School</b>				
<b>Technical or Vocational School</b>				
<b>Under-Graduate College</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

Indicate any foreign languages you can speak, read, or write.

	<b>Fluent</b>	<b>Good</b>	<b>Fair</b>
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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## Employment Experience

*Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or protected status.*

### Current or most recent Job.

<i>Employer</i>	<i>Dates Employed</i> <i>From - To</i>	<i>Work Performed</i>
<i>Address</i>	<i>Hourly Wage</i> <i>Starting - Ending</i>	
<i>Telephone Number</i>	<i>Job Title</i>	
<i>Reason for Leaving</i>	<i>Name of Supervisor</i>	

<i>Employer</i>	<i>Dates Employed</i> <i>From - To</i>	<i>Work Performed</i>
<i>Address</i>	<i>Hourly Wage</i> <i>Starting - Ending</i>	
<i>Telephone Number</i>	<i>Job Title</i>	
<i>Reason for Leaving</i>	<i>Name of Supervisor</i>	

<i>Employer</i>	<i>Dates Employed</i> <i>From - To</i>	<i>Work Performed</i>
<i>Address</i>	<i>Hourly Wage</i> <i>Starting - Ending</i>	
<i>Telephone Number</i>	<i>Job Title</i>	
<i>Reason for Leaving</i>	<i>Name of Supervisor</i>	

<i>Employer</i>	<i>Dates Employed</i> <i>From - To</i>	<i>Work Performed</i>
<i>Address</i>	<i>Hourly Wage</i> <i>Starting - Ending</i>	
<i>Telephone Number</i>	<i>Job Title</i>	
<i>Reason for Leaving</i>	<i>Name of Supervisor</i>	

*If you need additional space, please continue on another sheet of paper.*

**List professional, trade, business, or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.*

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**Other Qualifications**

*Summarize special job related skills and qualifications acquired from employment or other experience.*

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*Describe the types of computers and software programs you have experience with.*

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**State any additional information you feel may be helpful to us in considering your application.**

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**References**

_____		_____	
Name		(Area code)	Telephone
_____		_____	
Address	City	State	Zip Code

_____		_____	
Name		(Area code)	Telephone
_____		_____	
Address	City	State	Zip Code

_____		_____	
Name		(Area code)	Telephone
_____		_____	
Address	City	State	Zip Code

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date

Personal email Address

Please E-mail your resume to: [carolyn.bangerter@bc-ems.com](mailto:carolyn.bangerter@bc-ems.com)

or mail to: REMSA  
Attention: Carolyn Bangerter  
5010 Frederick Ave., Saint  
Joseph MO, 64506