

_____ *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

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

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

	Fluent	Good	Fair
Speak			
Read			
Write			

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

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>	
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<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.

Other Qualifications

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

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

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

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.

Signature of Applicant

Date

Please attach your resume to this application and return them to:

REMSA
Attention: Jon Roe
5010 Frederick Ave
Saint Joseph MO, 64506

Or email your application and resume to: jonathan.roe@bc-ems.com