



# Rock Township Ambulance District

## Application for Employment

**PLEASE NOTE:** It is important to complete all parts of this application and answer all questions. Including a resume does not satisfy the need to complete this application. Applications will not be accepted that are incomplete or do not clearly represent the experience and/or training required for the position being applied for. If the information does not apply or exist, write N/A in the applicable field. **\*\*PRINT/TYPE LEGIBLY IN ALL BLOCK CAPITAL LETTERS\*\***

PERSONAL INFORMATION				
Last Name	First Name	MI	SSN	
Street Address		City		State
Home Phone		Email Address		
Mobile Phone	Driver's License Number	State	Class	Expiration Date
I certify that I am a U.S. citizen, permanent resident, or a foreign national with legal authorization to work in the United States?				<input type="checkbox"/> Yes <input type="checkbox"/> No
NREMT Number	Expiration Date	MO BEMS Number	Expiration Date	

POSITION PREFERENCES			
Position Applying For:		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem
Availability:	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su	<input type="checkbox"/> Days	<input type="checkbox"/> Nights <input type="checkbox"/> Weekends
		<input type="checkbox"/> Holidays	<input type="checkbox"/> Rotating <input type="checkbox"/> On-Call
How many hours can you work weekly?		Date Available to Begin:	
What is your minimum compensation requirement?		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Are you willing to relocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relocation Comments:	

EDUCATION				
School	City, State	Years Completed	Graduated	Degree or Diploma
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**WORK EXPERIENCE***Provide relevant work experience in chronological order using your CURRENT or MOST RECENT as the FIRST entry.*

<b>Company/Agency</b>		<b>From</b>		<b>To</b>	
<b>Position</b>		<b>Weekly Hours</b>		<b>Salary</b>	
<b>Address</b>					
<b>Phone</b>		<b>Company/Agency Website</b>			
<b>Supervisor Name &amp; Title</b>			<b>May We Contact?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reason for Leaving</b>					
<b>Duties Summary</b>					

<b>Company/Agency</b>		<b>From</b>		<b>To</b>	
<b>Position</b>		<b>Weekly Hours</b>		<b>Salary</b>	
<b>Address</b>					
<b>Phone</b>		<b>Company/Agency Website</b>			
<b>Supervisor Name &amp; Title</b>			<b>May We Contact?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reason for Leaving</b>					
<b>Duties Summary</b>					

<b>Company/Agency</b>		<b>From</b>		<b>To</b>	
<b>Position</b>		<b>Weekly Hours</b>		<b>Salary</b>	
<b>Address</b>					
<b>Phone</b>		<b>Company/Agency Website</b>			
<b>Supervisor Name &amp; Title</b>			<b>May We Contact?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reason for Leaving</b>					
<b>Duties Summary</b>					

<b>Company/Agency</b>		<b>From</b>		<b>To</b>	
<b>Position</b>		<b>Weekly Hours</b>		<b>Salary</b>	
<b>Address</b>					
<b>Phone</b>		<b>Company/Agency Website</b>			
<b>Supervisor Name &amp; Title</b>			<b>May We Contact?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reason for Leaving</b>					
<b>Duties Summary</b>					

ADDITIONAL INFORMATION	
Have you ever been employed by RTAD in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any family members currently employed by RTAD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your EMT/Paramedic license ever been suspended, revoked, or received sanctions for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested for a misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgement to a misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your driver's license ever been suspended or revoked for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any motor vehicle collisions during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any moving violations during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you answered "YES" to any of the above questions, please explain:**

CURRENT QUALIFICATIONS		
CERTIFICATION	ISSUING AGENCY	EXPIRATION

REFERENCES		
I agree to have the references contacted in relation to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name	Phone	Email

**ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE:**

*I certify that my answers above are true and correct, and further understand that any information withheld or falsely provided by me above, and/or in connection with my application for employment will subject me to immediate termination of employment. I believe that information concerning my personal habits, conduct, department, as well as the information herein and above will assist me in obtaining employment with Rock Township Ambulance District.*

*Therefore, in consideration for Rock Township Ambulance District’s act of considering me for employment, I hereby agree and hold harmless Rock Township Ambulance District, together with its officers, agents, and employees from any and all liability in any way related to the investigation of my suitability for employment with Rock Township Ambulance District, including, but not limited to any liability related to contact and/or discussions with any of my prior or current employers, relatives, and/or acquaintances (past and/or present). Moreover, I hereby authorize any person (natural or otherwise) to make full response to any inquiry in connection with my application for employment with Rock Township Ambulance District.*

*I understand that any testing, interviews, or otherwise does not represent in any way a contract of employment. Furthermore, if I become employed by Rock Township Ambulance District, my employment will not be for any specific period, length, or term of employment. Rock Township Ambulance District is an “at-will” employer, which means that the employee may discontinue employment at any time, with or without notice or cause, and that Rock Township Ambulance District may discontinue employment on the same grounds. I further understand that only the Rock Township Ambulance District Board of Directors has the authority to commit to employment to anyone for any definite or estimated period of time. I agree that if I am guaranteed employment by anyone other than Rock Township Ambulance District Board of Directors for any definite or estimated period of time, I will immediately report this occurrence in writing to the Chief of the Rock Township Ambulance District.*

\_\_\_\_\_  
**Applicant's Signature**

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

**NOTICE:** *Rock Township Ambulance District upholds federal, state, and local laws that protect employees and job applicants from discrimination on the bases of race, religion, color, sex (including pregnancy, gender identity, and sexual orientation), parental status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, veteran status, marital status, or any other non-merit based factors protected by federal, state, or local law.*