

WASHINGTON COUNTY AMBULANCE DISTRICT

APPLICATION FOR EMPLOYMENT *REQUIRED DOCUMENTS*

Thank you for your interest in Washington County Ambulance District! Below you will find an outline of required information when submitting your application packet.

- Completed written application
- Current resume
- Copy of Missouri provider license (EMT, Paramedic or RN)
- Copy of National Registry certification (not required)
- Current BLS CPR
- Current ITLS or PHTLS
- NIMS 100, 200 & 700
- Immunization records (TB within 1 year, Hep B and TDaP)
- HazMat FRA (required within 1 year of hire)
- Current ACLS (Paramedic / RN only)
- Current PALS (Paramedic / RN only)
- Any advanced board certifications (CCP-C, FP-C, CEN, CCRN, CTRN, CFRN, etc.)

Please note, if offered employment, you will be required to pass a criminal background check, driving background check and drug test.

Complete the entire packet, scan and email to:

Lauralie Logsden | Executive Assistant
llogsden@wcadems.org

Questions me addressed to:

Darick M. Day BS, EMT-P, CCP-C, FP-C
Director of Clinical Services | Deputy Chief
dday@wcadems.org

Justin P. Duncan BS, NRP, CCEMT-P, FP-C
Administrator | Chief of EMS
jduncan@wcadems.org



WASHINGTON COUNTY AMBULANCE DISTRICT

APPLICATION FOR EMPLOYMENT

Date _____

Name _____

Social Security _____

Present Address _____

Permanent Address _____

(if different from above) _____

Phone Number _____

EMPLOYMENT DESIRED:

Position _____

Date You Can Start _____

Are you employed in EMS now? [] Yes [] No

Are you at least 18 years of age? [] Yes [] No

Are you on the CMS exclusion list? [] Yes [] No

Have you ever had any drug or alcohol charges? [] Yes [] No

Has your license to practice as an EMT, Paramedic or RN
ever been revoked or suspended? [] Yes [] No

Has your right to drive a motor vehicle ever been
revoked or suspended? [] Yes [] No

EDUCATION

	Name of School	Did You Graduate?	Degree Received
High School		Yes No	
College		Yes No	
EMT Program		Yes No	
Paramedic / Nursing		Yes No	

LICENSES AND CERTIFICATIONS

License / Certification	Level (if applicable)	Number	Expiration Date
National Registry			
State Provider			
Advanced Board Certification			
BLS CPR			
ITLS or PHTLS			
ACLS			
PALS			

Do you have any other certifications not listed above? If so, please note:

WORK EXPERIENCE

Month, Year	Name of Employer	Position	Reason for Leaving
From To			
From To			
From To			
From To			
From To			
From To			
From To			

REFERENCES

Please list three people, not related to you, who have known you at least one year

Name	How Acquainted	Phone No.	Years Acquainted

Do you know anyone currently employed at WCAD? If so, who and how?

PHYSICAL RECORD

Do you have any physical condition that may limit your ability to perform the job applied for?

In case of emergency, please notify:

Name

Address

Phone

I certify that all of the foregoing statements are true and correct to the best of my ability. I understand that misrepresentation or omission of facts is cause for dismissal.

My signature indicates that I consent to drug and alcohol screening, criminal background check, driving background check, CMS exclusion list verification, as well as a fit for duty physical should an offer for employment be made.

SIGNATURE _____

DATE _____