

Military Service			
Branch	Date Enlisted	Date Discharged	Discharge Type

Employment History [List present or most recent history first]	
Name of Employer	Address
Name of Immediate Supervisor	Phone Number
Position / Duties	
Date Started Employment	Date Ended Employment
Reason for leaving	

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Position / Duties	
Date Started Employment	Date Ended Employment
Reason for leaving	

Please Read The Following Carefully Before Signing

I understand that Hermann Area Ambulance District requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize Hermann Area Ambulance District to investigate my past employment, criminal record, credit, education credentials, and other employment related activities. I agree to submit to any drug or alcohol testing which is required for employment with Hermann Area Ambulance District.

I understand that any offer of employment may be contingent upon a criminal background and motor vehicle operator record check and that the company may do periodic criminal background and motor vehicle operator record checks.

I understand that business practices and patient information of Hermann Area Ambulance District that I am exposed to, either intentionally or incidentally, during the application process, interview process, or once employed are confidential. I further understand that disclosure of said information may result in my termination, prosecution, and/or additional civil actions and penalties.

I understand that this application is not an offer of employment and that by accepting my application, Hermann Area Ambulance District does not guarantee that I will be offered a job. I understand that Hermann Area Ambulance District reserves the right to make changes in the terms and conditions of my employment as Hermann Area Ambulance District determines to be necessary or appropriate.

I understand that as an employee with Hermann Area Ambulance District I would be an employee at-will, meaning my employment would not be for any fixed period of time and that, if employed, I may resign at any time for any reason with or without notice and that Hermann Area Ambulance District may terminate my employment at anytime for any reason, with or without notice. I further acknowledge my understanding that statements, which may be contained in the policies, handbooks, and other material, do not create my guarantee of employment nor contractual rights, expressed or implied, and I agree that I will not rely upon them as such. I also agree that such policies may be changed at any time, with or without notice.

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in this application are correct. I understand that any false answers or statements made by me on this application, or any supplement thereto or in connection with the above mentioned investigations, regardless of when discovered by Hermann Area Ambulance District, will be grounds for immediate disqualification or discharge, if I am employed. I understand, also, that I am required to abide by all rules and regulations of Hermann Area Ambulance District, and all local, State of Missouri, and Federal rules governing ambulance operations, or any other such applicable rules or laws.

I acknowledge that I have read, understand, and agree to abide by the terms above.

Signature of Applicant

Date

Please submit this application and other supplemental information by mail, e-mail, fax, or in-person to:

Hermann Area Ambulance District
510 West 16th Street
Hermann, MO. 65041
Phone: 573-486-3330
Fax: 573-486-9034
E-mail: chief.ops@outlook.com

We appreciate your interest in seeking employment with Hermann Area Ambulance District. Hermann Area Ambulance District follows a strict policy that we do not discriminate in providing services and care to the patients we serve, or in terms and conditions of employment for our staff. We will not discriminate on the basis of race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.