



**SPECIAL TRAINING:** List any special training program or courses you have attended which you feel may add to your qualifications. List course, date and institution (including military training).

COURSE TITLE	DATE	GRANTING INSTITUTION

**SPECIAL SKILLS/QUALIFICATIONS:** List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (specialized equipment or machines, tools, vehicles, or heavy equipment).

**GENERAL INFORMATION**

Type of Driver's License:

Class D (operator)

CDL (Commercial)

CDL Endorsement(s):

Tank Vehicle

Double/Triple Trailer

Hazardous Materials

Passenger

**DISMISSALS AND/OR FORCED RESIGNATIONS:** Have you ever been fired or forced to resign from any position?

(Check one)  Yes  No if answer is Yes to either or both of these questions, please explain below.

Have you ever been convicted of a crime, or are there any criminal charges pending against you at the present time? Include felonies, misdemeanors, traffic, and military convictions. Do not include parking violations or juvenile convictions. **Failure to admit is cause for disqualification. Falsification of application is sufficient grounds for disqualification.**

(Check one)  Yes  No If Yes, please provide the following:

Date: \_\_\_/\_\_\_/\_\_\_ Charge: \_\_\_\_\_ City/State: \_\_\_\_\_

Disposition: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Charge: \_\_\_\_\_ City/State: \_\_\_\_\_

Disposition: \_\_\_\_\_

(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)

**Are you related to any person employed currently by the Fredericktown Community Joint Emergency Ambulance Dist.?**

(Check One)  Yes  No

If yes, please indicate:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_



<b>Employer:</b> _____	<b>Start Date</b>	<b>End Date</b>
<b>Address/City/State:</b> _____		
<b>Phone:</b> (____) _____ <b>Job Title:</b> _____		
<b>Supervisor:</b> _____ <b>Title:</b> _____	<b>Starting Salary</b>	<b>Final Salary</b>
<b>Reason for Leaving:</b> _____		
<b>Briefly Describe the Nature and Duties of Your Position</b>		

**Explanation of any periods of unemployment between jobs:**

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**Please list 3 references other than family:**

Name	Address	Phone Number	Years Known
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## GENERAL INFORMATION

### CERTIFICATION AND AGREEMENT

I, the undersigned, certify that I have *read and fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from the Fredericktown Community Joint Emergency Ambulance District. I also understand that as a condition of employment it may be subject to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. Employment is also subject to an initial probationary period and verification that age and citizenship/visa status meet legal requirements.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Fredericktown Community Joint Emergency Ambulance District, whether the said records are of a public, private, or confidential nature. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I hereby consent that they may disclose such information to the Fredericktown Community Joint Emergency Ambulance District. A photocopy of this statement will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. By signing below, I acknowledge that I have read, understand, and agree to the above statements.

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Signature of Applicant

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Date Signed

*AN EQUAL OPPORTUNITY EMPLOYER*