



VALLE AMBULANCE DISTRICT

12363 State Route 21 * De Soto, Missouri 63020 * 636-586-2132

APPLICATION FOR FIELD STAFF EMPLOYMENT REQUIRED DOCUMENTS

Thank you for your interest in Valle Ambulance District!

Listed below is the information required to submit a complete application packet.

- Completed written application.
- Current resume.
- Copy of Missouri provider license (EMT or Paramedic).
- Copy of National Registry certification (not required).
- Copy of Current BLS CPR.
- Copy of Current ITLS or PHTLS (or must obtain within one year of start date).
- Copy of NIMS 100, 200 & 700 (or must obtain prior to orientation).
- Copy of Immunization records (Hep B and TDaP).
- Copy of HazMat FRA (or must obtain within one year of start date).
- Copy of Current ACLS (paramedic only).
- Copy of Current PALS (paramedic only).

If you have any questions regarding the application or application process, you may contact Deputy Chief of Administration Whaley, Assistant Chief Voss, or Chief Barton at 636.586.2132 or by email office@valleems.com.

Complete the entire packet and return to Valle Ambulance District Headquarters in person during business hours of 8 am – 4 pm, exclusive of holidays and office closures at:

**12363 State Route 21
De Soto, MO 63020**

Incomplete application packets will not be considered!



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Date: _____

Name: _____

Address: _____

Mailing Address: (if different from above)

Phone Number: _____

Email Address: _____

Are you over the age of 18? Yes No

Do you have a valid Missouri driver's license? Yes No

Are you on the OIG exclusion list? Yes No

Do you have any drug or alcohol drug convictions? Yes No

Have you ever served in the armed forces? Yes No



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Position Applying For: _____

Date You Can Start: _____

Are you currently employed? Yes No

If so, may we contact your present employer? Yes No

Have you ever applied at Valle Ambulance before? Yes No

If yes: When? _____

Have you ever interviewed at Valle Ambulance before? Yes No

If yes: When? _____

EDUCATION:

	Name and Location of School	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		Yes No Expected	
College		Yes No Expected	
EMT School		Yes No Expected	
Paramedic School		Yes No Expected	
Other		Yes No Expected	



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LICENSES AND CERTIFICATIONS:

LICENSES:				
	Level:	Number:	Expiration Date:	Length of Experience at Licensure:
State Provider				
National Registry				
CCEMT-P				
Other:				
Other:				
Other:				

CERTIFICATIONS:			
	Training Provider:	Number:	Expiration Date:
BLS CPR			
ITLS or PHTLS			
ACLS			
PALS			
Other			
Other			

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



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WORK EXPERIENCE:

Month, Year	Name of Employer Address and Phone Number:	Position:	Salary:	Reason for Leaving:
From To				
From To				
From To				
From To				

REFERENCES:

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

Name:	Address and Phone Number:	Business:	Years Acquainted:



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Do you know anyone currently employed at Valle Ambulance District? If yes, who and how?

How did you hear about this position?

PHYSICAL RECORD

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

Do you require any special accommodations to perform the job applied for?

In case of emergency, please notify:

Name

Relationship

Address

Phone



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CERTIFICATION OF APPLICANTS STATED INFORMATION:

I certify that all 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 a drug and alcohol screening, criminal and driving background checks, medical examinations, and fit for duty testing.

I acknowledge that all licenses listed will be verified.

I hereby authorize Valle Ambulance District and its representatives to contact the individuals listed as my professional references during the hiring process. I understand that the purpose of these reference checks is to gather information related to my qualifications, work history, and suitability for employment with Valle Ambulance District.

I understand that the information obtained from my references will be used solely for the purpose of evaluating my candidacy for employment with Valle Ambulance District.

I release all individuals and entities providing such information from any liability or claims arising out of the provision of such information. I understand that the information may include details about my job performance, work habits, and other aspects relevant to my professional qualifications.

This consent and release are valid for the duration of the hiring process unless otherwise specified in writing by me.

Applicant Signature: _____

Date: _____