



APPLICATION
MISSOULA EMERGENCY SERVICES
 1200 BURLINGTON
 MISSOULA, MT 59801

Before submitting this application:

Read the accompanying fact sheet regarding the position.
 We accept applications at any time. It is kept on file until there is need to hire.
 When deciding which applicants to interview, availability to work may be a consideration.
 You are encouraged to update this application as necessary.
 Attach your current resume.
 Incomplete applications will not be considered.

Date _____

Last Name _____ First Name _____ Middle _____

Permanent Address:

Current Mailing Address: (if same leave blank)

Street _____ Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Information:

Home (____) _____ Work (____) _____ Pager (____) _____

Date of Birth: _____ Age: _____ Social Security Number _____

Occupation _____ Employer _____

Drivers License Number _____ Issuing State _____ Expiration _____

Please attach a copy of your driver's license to this application.

Education:

Name of High School _____ City, State _____

Year of graduation _____

Name of College _____ City, State _____

Degree/Major _____ Year of (expected) graduation _____

Emergency Contact:

Name _____ Relationship _____

Home (____) _____ Work (____) _____ Pager (____) _____

Certification and Training

Please list your current certifications below. A copy of each card must be attached to this application. You must have a valid CPR card, as well as a minimum of EMT- Basic.

CPR Card: Expiration _____

EMT level: (circle) Basic Paramedic

National Registry number _____ Expiration _____

EMT number _____ State _____ Expiration _____

Other (specify):

Are you a member of any other emergency service, or do you have any previous experience in emergency medicine? If yes, please explain:

Questions

- | | | | |
|----|--|-----|----|
| 1. | Have you ever been convicted of a traffic violation? | YES | NO |
| 2. | Have you ever been convicted of a crime? | YES | NO |
| 3. | Are you taking any medications on a regular basis? | YES | NO |
| 4. | Do you have any illness or serious allergy? | YES | NO |

If you answered yes to any of the above questions, please explain on a separate sheet of paper and attach it to this application.

Please answer the following questions on a separate piece of paper and attach it to this application:

1. Tell us a little about yourself and what got you interested in emergency medicine.
2. How did you become involved?
3. How do you believe hiring you will strengthen our team?
4. Where would you like to see your involvement with us lead?

References:

Please list at least four persons who can give a job reference for you. Only one may be a relative.

PERSONAL

1) Name _____
Street _____
City _____ St. ___ Zip _____
Phone (____) _____

2) Name _____
Street _____
City _____ St. ___ Zip _____
Phone (____) _____

3) Name _____
Street _____
City _____ St. ___ Zip _____
Phone (____) _____

PROFESSIONAL

1) Name _____
Street _____
City _____ St. ___ Zip _____
Phone (____) _____

2) Name _____
Street _____
City _____ St. ___ Zip _____
Phone (____) _____

3) Name _____
Street _____
City _____ St. ___ Zip _____
Phone (____) _____

What shifts are you available to work?

Check all that apply.

- Week days
- Week nights
- Weekends
- Rotates (*explain below*)
- Other (*explain below*)

Please return this completed application to the Missoula Emergency Services office or mail it to:

MISSOULA EMERGENCY SERVICES
1200 BURLINGTON
Missoula, MT 59801