Andrew County Ambulance District
First Responder Application

206 N. Third St. ■ Savannah, MO 64485 ■ www.academs.org ■ (816) 897-0549

PERSONAL INFORMATION			
Name (Last, First, Middle)	Social Security # - -		
Address	City	State	Zip
Cell Number			
E-Mail Address			

POSITION INFORMATION	
Are you legally authorized to work in the United States? ☐ YES ☐ NO	
To be an ACAD First Responder, you must be 18, do you meet this requirement? ☐ YES ☐ NO	
Do you possess a Valid MISSOURI Driver License ☐ YES ☐ NO	Lic #:
Have you had any traffic accidents in the last 3 years? ☐ YES ☐ NO	
Have you **ever** been convicted, pled no contest or guilty, had adjudication withheld, or had prosecution deferred on any felony, misdemeanor, DUI/DWI or similar offense, had any moving violations or had your license revoked or suspended? ☐ NO ☐ YES (Explain on Back of application)	
I currently hold a Missouri ☐ EMR ☐ EMT ☐ EMT-P ☐ RN License #: Expires:	
Do you have a smart phone that can use the Active911 app? ☐ YES ☐ NO	
If not already, are you willing to learn CPR? ☐ YES ☐ NO	
Are you interested in EMR Training? ☐ YES ☐ NO ☐ Currently EMR ☐ Higher Trained Already	

ACKNOWLEDMENT

Andrew County Ambulance District is an Equal Opportunity Employer. Employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, or genetic information.

I, _____, certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if appointed. This application is not an agreement or a contract for employment

I hereby authorize the district to investigate a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the district and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

If appointed, I will follow the policies and procedures outlines in the Andrew County Ambulance District First Responder Procedure Manual and Andrew County Ambulance District Treatment Guidelines.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my appointment with the District may be terminated.

Applicants Signature: _____ Date: _____

You can fax the application to: (816) 368-8005 ■ You can scan and e-mail to: rudel@academs.org