



# Andrew County Ambulance District

206 N. Third St. ~ PO Box 127 ~ Savannah, MO 64485  
www.academs.org (Application online also!) (816) 897-0570



## PERSONAL INFORMATION

|                            |           |
|----------------------------|-----------|
| Name (Last, First, Middle) | Contact # |
| City                       | State     |
| E-Mail Address             |           |

## POSITION INFORMATION

|                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Position you are applying for? <input type="checkbox"/> EMT <input type="checkbox"/> Advanced EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> RN |
| Missouri Medical License Number:                                                                                                                                 |

## DRIVING & LEGAL

|                                                                                                |       |
|------------------------------------------------------------------------------------------------|-------|
| Do you possess a Valid Driver License <input type="checkbox"/> YES <input type="checkbox"/> NO | State |
|------------------------------------------------------------------------------------------------|-------|

## OTHER CONSIDERATIONS

Why do you want to work for Andrew County Ambulance District?

\*\*\* Note: Generally, we hire for our PRN (As Needed) List. Then when needed Full Time are selected from that List \*\*\*

## ACKNOWLEDGMENT

**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.**

By signing below, I certify that the information I have given on this application is true, complete and correct. I recognize that completion of this application does not mean that job openings exist and does not obligate the district in any way.

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 employment with the District may be terminated.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You can mail or return the application to the address at the beginning of the Application  
You can fax the application to: (816) 301-6281 ~ You can scan and e-mail to: director@academs.org